ChildFund Uganda

EARLY CHILDHOOD LEARNING AND DEVELOPMENT PROJECT IN BUSIA DISTRICT

Endline Evaluation



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This endline evaluation report is a product of the views and perceptions of various stakeholders interviewed. The results and conclusion presented in this report represent the consultants' analysis of respondents' views and perceptions and not necessarily those of Child Fund International-Uganda.

Acronyms/Abbreviations

ACAO	:	Assistant Chief Administrative Officer
BUACOFE	:	Busia Area Communities Federation
CAO	:	Chief Administrative Officer
CDO	:	Community Development Officer
CPC	:	Child Protection Committees
DEO	:	District Education Officer
ELDS	:	Early Learning Development Standards
ECD	:	Early Childhood Development
ELE	:	Endline Evaluation
FGD	:	Focus Group Discussion
FY	:	Financial Year
IECD	:	Integrated Early Childhood Development
LG	:	Local Government
LLGs	:	Lower Local Governments
LQAS	:	Lots Quality Assurance Sampling
KII	:	Key Informant Interview
MOES	:	Ministry of Education and Sports
MOH	:	Ministry of Health
MOLG	;	Ministry of Local Government
M&E	:	Monitoring and Evaluation
NSF	:	Non Sponsorship Fund
PCI	:	Promise Consult International Limited
PDC	:	Parish Development Committee
S/C	:	Sub-county
VAC	:	Violence Against Children
VHT	:	Village Health Team

Executive Summary

The Early Childhood Development (ECD), titled 'Early Childhood Learning Project in Busia District, Uganda was designed to address problems related to Early Childhood development within the project area. The three year project (September 2017- August 2020) was implemented in five sub counties of Dabani, Masinya, Buhehe, Lumino and Majanji targeting 15 ECD centers. Other interventions addressed was transition of young children from ECD to primary education. It addressed the roots and intermediate causes, emphasizing parental attitude and skills regarding ECD, capacity building for ECD caregivers, and learning environment of ECD centers. The project was a collaboration between ChildFund Uganda and ChildFund Korea. It was implemented by ChildFund Uganda through its partner, Busia Area Communities Federation (BUACOFE).

The Project Goal was children aged 3-8 in Busia community achieve age appropriate milestones. While the project outcomes were; IECD governance structures at district, Sub-county and community levels are functioning, Parents' awareness on early childhood development and child protection is increased in Busia community by July 2020 and the quality of stimulation and learning at the 15 ECD centres services are improved in Busia community by July 2020.

The main objective of the evaluation was to assess the results of the project interventions in improving child wellbeing in the targeted communities based on project designed indicators of change, consolidate the project learning especially how the two projects (ECD and MNCH) complemented each other in achieving the planned results. Generate concrete recommendations to inform policy, future practices and programming. The achievement of the goal was assessed through outcomes and indicators based on the baseline survey as follows:

Outcome 1. IECD governance structures at district, Sub-county and parish levels are functioning

ECD Indicator: Percentage of functional ECD structures at district and community level. The IECD structures at district, S/c and parish levels (25) were operationalized. The district and S/c levels committees met regularly. While at district level, there was evidence of minutes at S/c, at parish levels there were no minutes that could be traced and village level had no committees. There was significant improvement as this indicator scored an average of 50% from 0%.

Outcome 2. Parents' awareness on ECD and Child protection is increased in Busia community by July 2020.

ECD Indicator1: Percentage of children enrolled at the ECD centers. The overall findings showed that 76.5% of the parents sending at least one or more of their age-eligible children to organized early learning center, nursery school, kindergarten, or community ECD center as compared to 64.7% at baseline survey, thus an increase of 11.8%. Further analysis show that enrolment more than doubled from 1,021 children (July 2017) to 2,195 children (March 2020) when the schools were closed due to COVID19 pandemic. The overall findings show a slight increase in caregiver's knowledge on ECD from the baseline survey findings of 29.7% to 33.0%.

ECD Indicator 2: Percentage of community members (children and/or caregivers) knowledgeable of what do on child protection concern: how to prevent and where to report a case of VAC. There was a significant increase in knowledge of child rights from 62.9% to 85.8%

thus 22.9%. Further results revealed an increase in knowledge on mandated child abuse reporting mechanism from 28.7% to 84.6% with Buhehe sub-county at 94.6% which quadrupled the baseline level of 19.3%. However, there was a decline for reporting child abuse and neglect in their communities from 93.9% to 88.5%.

ECD Indicator 3: Percentage caregivers/parents who demonstrate understanding /awareness of early childhood development milestones and provide appropriate support. The study result indicates 35% of caregivers were applying appropriate child development practices. This is an increase from 33.2% at baseline.

Outcome 3. The quality of center based ECD services improved at the 15 ECD centers by July 2020.

ECD Indicator 1: Percentage of ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age. 11 caregivers assessed had 1 with primary education, 3 caregivers with incomplete secondary education, 4 with secondary education and 3 caregivers had post-secondary education an increase from baseline. All had over 4 years teaching experience and participated in various trainings ranging from pre-service, in-service and mentorship. Training programs' length ranged from less than one month to 12 months. Child to adult ratio ranged from 30 to 50 which was higher than the government standard ratio of 1:25. ECD caregivers applying knowledge and skills to learning programs for children 3 to 5 years of age were highest scored in Developmentally Appropriate Teaching and Promoting Health, Nutrition, and Safety with average of four. The least was Knowing and Understanding Content Knowledge at three and knowing and Understanding of Child Development and Learning had an average at two. The issue of inadequate classrooms (64%) is still a priority and wasn't addressed but is also due to increased knowledge created on ECD, water supply and school feeding (27%) feature prominently as a gaps. The need for play materials (45%) and fencing (0%) has significantly reduced, while kitchen, furniture and toilet remained constant (18%) at low level.

ECD Indicator 2: Percentage of primary schools with transition activities for children from ECD centers. Primary schools with transition activities for children from ECD centers increased from 29% to 50%. However, Busia district was still under total lockdown due to COVID19 pandemic with all schools closed. Only two primary schools were assessed and had transition activities. Children from ECD centers/Nursery schools joined primary level with basic skills in literacy and numeracy, followed directions, worked well with others and actively engaged in learning.

ECD Indicator 3: Percentage of ECD centers meeting minimum standard according to Uganda's IECD Policy. Majority of the centres met the 18.9% standards with 35 score and a significant improvement from 26 with all domains above 50%. Apart from Dadira ECD centre, the rest had most requirement to standard level. Dadira ECD centre didn't have salary pay roll, development plan, no Head Caregiver, ratio of children to teacher were high (above 1:25, limited parent involvement, no feeding program, no guidelines and policies (plan, working tools/materials, knowledge) to create awareness about ECD among parents and parenting education was carried out in ECD community coverage – undertaken by the caregiver/teachers, no mechanism to extend immunization, vitamin supplement and deworming to the children in the ECD and at home and not recognized and receive support by the LG/LLG including supervision visits.

Relevance and impact: The project was designed on the priorities of Busia District Local Government. Underserved and hard to reach sub counties were targeted thus the five sub counties of Majanji, Lumino, Buhehe, Masinya and Dabani. CFI /BUACOFE community structures supported the project interventions. Other sub counties had other CSOs like Compassion were implementing similar interventions in other sub counties. So to avoid duplication, CFI settled for the five sub counties. Most of the ECD centres had dilapidated infrastructure that were not fit for children learning and development. Therefore, they didn't meet the Ministry of Education IECD Standards so they were renovated and given learning and play age specific materials.

Efficiency of the Delivery Mechanism: The project interventions were delivered in a way avoiding duplicating interventions. It was coordinated and harmonized interventions with the district from inception. The project used existing community structures at the community level including VHTs, CPC, ECD Center management committees, caregivers and IECD committees. The ECD centres are owned and managed by the communities thus reduced on costs. The ECD centres renovated include; Mundaa, Buyengo and Buwumba in Dabani sub-county, Bulwenge and Dakha in Buhehe Sub-county and Nagabita in Majanji sub-county making a total of six centres while two were constructed; Bulwande in Majanji S/c and Bunyide ECD centres in Buhehe S/c.

Effectiveness of sustainability Plan: The project sustainability strategy hinged on four pillars: addressing root causes, working with the local government structures, empowerment of existing community structures and alignment to ChildFund long term strategy. These were by and largely implemented apart from IECD structures functionality at parish and village levels and exit strategy that weren't effectively implemented.

ECD Program Limitations: The project was characterized by two episodes of implementation challenges. At inception of ECD project was rather daunting while towards the end of the project the pandemic of COVID-19 squarely affected learning and teaching of these toddlers. IECD structures in the local governments were operationalized, oriented and had quarterly meetings at district and sub-county levels. However, functionally beyond meetings the structures were still inadequate (*implementation of action points, integrating ECD in budgets and monitoring/supervision plans*). Notable bottlenecks in the management practices for some ECD Centres. There were no functional databases (including paper based) about their enrolments.

Lessons Learnt on the ECD Program

ECD provides greatest outcomes and impact with implementation of a multi-dimensional strategies to increase access to quality services through empowerment of community structures with children protection knowledge and skills, infrastructure and linkage with primary schools.

Recommendations: Improve documentation of the IECD model for scale of multidimensional strategies used for scale up and adoption by other stakeholders. Functionality of IECD structures require engaging Ministry of Local Government (MOLG) to track enforcement and supervision.

Conclusions: The project outcomes were achieved as per indicators. Child fund/BUACOFE should implement a smooth exit strategy and process to handover IECD structures to the district and local government structures.

1.0 INTRODUCTION AND BACKGROUND

1.1 The Early Childhood Learning and Development (ECD) Project

This was a three-year project titled 'Early Childhood Learning and Development Project in Busia District, Uganda' designed to address problems related to early childhood development (ECD) in Busia revealed through a needs assessment conducted by ChildFund Uganda and ChildFund Korea in early 2017. The project was designed to address the barriers to quality service at 15 ECD centers in the five sub counties of Dabani, Masinya, Buhehe, Lumino and Majanji in Busia district. It also addressed the transition of young children from ECD to primary education. Based on a systematic approach to addressing the roots and intermediate causes, emphasis was laid on parental attitude and skills regarding ECD, capacity building for ECD caregivers, and learning environment of ECD centers. The project was also designed to provide an opportunity to integrate child protection initiatives into ECD services at family and community levels. From October, 2017 to September, 2020, with financial support from Child Fund Korea, Child Fund Uganda in cooperation with Area Communities Federation (BUACOFE) implemented a variety of activities for children aged 3 to 8 years.

Project Goal: Children aged 3-8 years in Busia community achieve age-appropriate milestones

Project Objectives

i. IECD governance structures at district, sub-county and parish levels are functioning.
ii. Parents' awareness of early childhood development and child protection is increased in Busia community.
iii. Quality of center-based ECD services is improved at the 15 ECD centers.

Performance Indicators set at inception of the Project:

The indicators were assessed at baseline and used at endline evaluation to provide comparison and determine the outcomes and impact of the interventions.

Table 1: Hierarchy of objectives and indicators

Hierarchy of objective	Indicator
Project Goal. **Children aged 3 to 8 in Busia community achieve age appropriate milestones**	Percentage of children aged 3-8 achieved age appropriate milestones
Outcome 1. **IECD governance structures at district, Sub-county and parish levels are functioning**	Percentage of functional ECD structures at district and community level
Outcome 2. **Parents' awareness on ECD and Child protection is**	Percentage of children enrolled at the ECD centers.

Hierarchy of objective	Indicator
increased in Busia community by July 2020.	Percentage of community members (children and/or caregivers) knowledgeable of what do on child protection concern: how to prevent and where to report a case of VAC. Percentage caregivers/parents who demonstrate understanding /awareness of early childhood development milestones and provide appropriate support.
Outcome 3. **The quality of center based ECD services is improved at the 15 ECD centers by July 2020.**	Percentage of ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age. Percentage of primary schools with transition activities for children from ECD centers. Percentage of ECD centers meeting minimum standard according to Uganda's IECD Policy.

1.2 Purpose and Scope of the End line Evaluation

1.2.1 The Objective of the Project Evaluation

The main objective of the evaluation was to assess the results of the project interventions in improving child wellbeing in the targeted communities based on project designed indicators of change, consolidate the project learning especially how the two projects complemented each other in achieving the planned results. Generate concrete recommendations to inform policy, future practices and programming.

1.2.1 Scope of work of the End line Evaluation

The endline evaluation (ELE) focused on assessing outcomes, effectiveness, efficiency and sustainability of the project implementation as follows:

i. Evaluated the achievements of the planned ECD outcomes for children and their caretakers, with respect to the extent to which project objectives were achieved at different results level as specified in the project M&E framework.
ii. Assessed the level of stakeholders' participation in the project activities; children, pregnant women caregivers, VHTs, teachers and duty bearers including institutions like schools etc.
iii. Assessed the relevance of the project; to what extent the project interventions conformed to the needs and priorities of target groups; children, caregivers, pregnant women etc.
iv. Evaluated the efficiency of the project delivery mechanism, to what extent were the costs of project intervention justified by its results, taking variety of alternatives into account.
v. Evaluated the effectiveness of the project sustainability plan.

1.3.3 End line Evaluation Deliverables

The deliverables included the following:

i. Inception Report/Evaluation Work Plan that included detailed methodology with sampling techniques and sample sizes that were consistently applied during the Evaluation.
ii. Well-developed qualitative and quantitative data collection tools adopted from baseline survey with modification and based on the approved technical proposal.

iii. Draft End line assessment report(s) that responds specifically to each of the outlined scope of work for this evaluation.
iv. Final End line Report (< 50 pages), main content to be considered.
v. Soft copies of all data sets both quantitative and qualitative used for this evaluation.

2.0 Endline Assessment Methodology

As guided by Child Fund, the evaluation **adapted, with some changes**, the baseline methodology, especially on the sampling criteria using the Lots Quality Assurance Sampling (LQAS) and the data collection tools. The baseline was a cross-sectional study adapting both quantitative and qualitative approaches: employing the survey, competency assessment, and checklist methods for data collection.

For purposes of this evaluation, Promise Consult International (PCI), adopted the mixed methods and cross sectional approaches. In addition to the survey, competency assessment and checklists for the qualitative data collection, the Most Significant Change model to document the impact from a more qualitative angle was also used.

2.1 Approach and process

In order to address the objectives of this ELE, the study was conducted in four (4) phases, namely:

(i) Planning and inception,
(ii) Data collection,
(iii) Data analysis and synthesis
(iv) Writing the Evaluation Report.

2.2 Sample size and sample selection

2.2.1 Study population

The five (5) target sub-counties of Dabani, Masinya, Buhehe, and Majanji in Busia has a total population of 94,630 inhabitants. However, the direct project beneficiaries were 6,000 parents, 170 health volunteers and child protection committee members, 45 caregivers in 15 ECD centers, and 25 ECD committees (1 District, 5 Sub-counties, 19 Parishes) for the ECD project.

2.2.2 Sampling and sample size

The baseline study used the LQAS sampling technique, taking the parishes as the 'Lots' or "supervision areas'. According to the baseline report, a total sample of 380 was applied from 20 parishes (19 samples per parish) in five (5) Sub-counties (3 parishes in Buhehe, 5 parishes in Dabani, 4 parishes in Lumino, 4 parishes in Majanji, and 4 parishes in Masinya) for each project, i.e. 380 for ECD. The baseline also used the national population census figures as the sampling frame.

The evaluation adopted this approach with minor changes and continued to use Parishes as the Supervision Lots and sampled 19 respondents from each - a total of **384** respondents. The respondents' profile was households with children aged 3-5 years.

2.2.3 Sample selection

The evaluator applied the snow ball sampling technique to identify the 384 respondents fitting into the pre-determined profile. The sampling frame was the VHT lists of the women with children 3-5 years. Once at the respective Parish, together with the VHT or the Chairperson, Local Council I, the first respondent was identified who would in turn guide the identification of the next until other 18 respondents were identified and interviewed.

2.2.4 Qualitative data sample and selection

For the qualitative data collection, purposive sampling was applied. 20% of the health centers sampled, 20% of the 15 ECD centers and center caregivers, 4 primary schools- 2 with ECDs and 2 without. At district and sub county levels, interviewed LC 111 Chairpersons, Sub-county/Parish Chiefs and/or CDOs as the Key informants. At Parish level, 20% of respondents were sampled for Key Informant Interviews. One Focus Group Discussion (FGD) in each of the five sub counties were conducted. At BUACOFE and Child Fund level, both field and management levels project staff were interviewed as Key Informants.

Table 2: Summary of respondents

Methodology	Method	Tools	Description of Respondents	Number of respondents
Quantitative	Survey	Survey questionnaire (Annex 1)	Women with children 3-5 years,	385
Qualitative	Key informant interviews	KI ECD Committee guide (Annex 2)	District ECD committee	1
		KI Project implementation guide (annex 3)	Sub county ECD committee	5
			Parish ECD Committee	4
			Village ECD committee	4
			ECD project management and implementation staff	20
	Competency assessment	Competency assessment checklist (annex 4)	ECD center based care givers	9
	Primary school assessment	School assessment checklist (annex 5)	4 schools (2 with ECD centers and 2 without)	4
	ECD centers assessment	ECD center checklist (annex 6)	ECD center management	13
	FGDs	FGD guide (annex 8)	Women with children 0-5 years, women in second+ pregnancy	30 (6 in 5 sub counties)
	Most significant change	MSC guide (Annex 9)	Women with children 0-5 years, women in second+ pregnancy	Same as the FGD respondents

2.3 COVID-19 Considerations

Aware that Busia is a border district and highly affected by COVID-19 pandemic this study was conducted according to the Standard Operating Procedures (SOPs) as issued by Ministry of Health

in making contacts with human subjects. Child Fund Uganda/BUACOFE provided clearance for the consulting team from the District COVID-19 Taskforce before travel and dealt with other procedural matters required. The following were strictly observed:

i. **Training Research Assistants on risk reduction:** All research assistants under-went risk reduction training as part of the data collection training. Further, the consultant and research assistants signed protocols to adhere to COVID-19 safety guidelines. In addition, the informed consent included respondents adhering to social distancing and use of facial mask throughout the interview.
ii. **Structure of Household interview:** Started by asking for **c**onsent of respondent to participate, and keep social distancing during interviews. All research assistants wore facemasks & carried a portable hand sanitizer that were given to interviewees and interviewers to be used while conducting interviews. FGD venues were prepared and demarcated in safe ways for participants before interviews commenced.
iii. **Focus group discussions:** Reduced the number of participants per session from 12 to 6 and ensured social distancing during interviews. All FGD participants received and wore facemasks while participating in any FGD session. The evaluators conducted discussions in open spaces or open buildings with adequate air circulation. Questions used quick data collection approaches such as voting, hand raising to reduce time spent in interviews.
iv. **Key informant interviews:** All KIIs involved one or two people- the enumerator and respondent observed social distancing and each wore masks. Depending on preference, key informants with access to phone and zoom were interviewed through these channels.
v. **Observation**: Enumerators observed areas/ assets/ or variables agreed to observe. Further using mobile phones, enumerators will capture photos for upload to reduce time spent on
vi. **Documents review using** data aggregation tool, reviewed existing project reports for comparative information by the evaluator.

2.4 Techniques and Tools of Data Collection

The consultant deployed different approaches and methodological tools and techniques in the collection and analysis of both qualitative and quantitative data. Research tools and techniques for data collection were identified from the Baseline survey report and improved upon for use. These included; review of existing literature, consultations with key stakeholders, use of interview guides for Key Informants, Focus Group Discussions, Household level interviews, competency assessment and checklist.

2.4.1 Qualitative methods

2.4.1.1 Literature review

These were useful at the beginning of the evaluation exercise since they provided a basis to the kind of information that exists, through primary data collection techniques. The desk review yielded substantial qualitative data. Key sources of information review included; Project proposal, Baseline Survey Report, Project log frames, Project reports, ChildFund Annual reports and other assessment reports obtained from Child Fund. Other Sources of existing information e.g. District Development Plans (DDP), PRDP reports and government records, studies were obtained from other sources. The team also reviewed the child related policies at national level as well as the Child Fund Uganda programme policy frameworks that included the IECD Policy.

2.4.1.2 Key Informant interviews (KIIs)

Key informant interviews were conducted using a key informant interview guide for each selected respondents. Information collected from the key informants was mainly qualitative and used to triangulate with other findings from use of the other employed methods. The key informants interviewed included but not limited to Child Protection agents, Local leaders at district level, Community Development Officers, Probation Officers at local level, elders in the communities, parents, and chairpersons of Centre Management committees among others. The KII guide is attached in annex 1.

2.4.1.3 Competency assessment

The evaluation study adapted the competency assessment tools used at baseline. This competency assessment tool was developed to assess ECD caregivers' competencies in terms of knowledge and practice of ECD. It consisted of 38 statements about professional attributes, and professional knowledge, understanding, and practice. Up to 15 statements about professional attributes measured the level of 'understanding and respecting child rights' and 'building warm, respectful and reciprocal relationships'. Another 23 statements identified the level of knowledge and practice about 'understanding of child development and learning', 'understanding content knowledge', 'practice of developmentally appropriate teaching', and 'practice of promoting health, nutrition, and safety'. In addition to the statements, the assessment form included an open-ended question about necessities for improving the quality of ECD program to further enrich the data collected. The assessment tool is attached as annex 3.

Target population and sample size

The target population of the competency assessment was all ECD caregivers working at the 15 ECD centers that benefitted from the project. At least 20 ECD caregivers working in 15 ECD centers participated in the assessment.

2.4.1.4 Checklist

The two different checklists; one for primary schools and another for ECD centers were used during the baseline and were thus adopted for use in the end line evaluation.

Checklist for primary schools

A checklist for primary schools was developed to measure the outcome indicator related to primary schools by adopting relevant resources from UNICEF with some modification. The checklist consisted of 16 standards in four categories namely physical environment (4 standards), teacher effectiveness (5 standards), ready family and parents (3 standards), and ready children (4 standards).

Target population and sample size of primary schools
The target population related to the checklist were 10 primary schools in 5 Sub-counties benefitted by the project out of the 20 primary schools were assessed by the baseline study.

Checklist for ECD centers
Based on the monitoring tool of Uganda government's guidelines for early childhood centers, developed a checklist at baseline composed of 45 center-based ECD standards in 7 domains. The domains include physical appearance (5 standards), physical structure (5 standards), arrangement of indoor environment (5 standards), provision of materials (5 standards), available records (14 standards), governance, management and administration (5 standards), and parental and community engagement (6 standards).

Target population and sample size of ECD centers
All the ECD centers benefitted by the project were the target population as well as the samples of the checklist. Accordingly, 15 representative ECD caregivers from 15 ECD centers were interviewed. The baseline applied complete enumeration for the checklist, no sampling method was needed, so was the evaluation study.

2.4.1.5 Most Significant change (MSC) technique
Sampled some FGDs to go a step further to identify their most significant change accruing from participating in project. Guided by a set of questions, the MSC also helped triangulate findings from other interviews. Data collected here was qualitative but analysed – coding inductively looking out for patterns and repetitions that was used to back up the quantitative data. MSC also helped in establishing learnings from what beneficiaries seem to value the most. It also captured unplanned impact. All the change stories were compiled and submitted as attachments. The MSC tool is attached in appendix 5

2.4.2 Quantitative methods

2.4.2.1 Household Survey
A household survey was conducted to assess the achievements of ECD outcomes for children and their caretakers, with respect to the extent to which project objectives were achieved at different results level as specified in the project M&E framework in the project area. The survey tool, adapted from the baseline is herewith attached in appendix 2 for reference.

2.4.2.2. Digitalised data collection
For the quantitative data collection in particular, tablets programmed using XML file format using ODK (Open Data Kit) software were used. ODK operates on phones and computers with Android operating systems and allows for data export into the Windows operating system (WOS). Further, hosted the data for this study on a cloud account and whose url address was fixed on each tablet. This system was more efficient, faster and reduced the margin of error significantly as it provided for concurrent real-time monitoring, correction and cleaning of data during the data collection process.

Table 3: Evaluation scope and data information summary

Scope	Tools	Data source
Evaluate the achievements of the planned ECD outcomes for children and their caretakers, with respect to the extent to which project objectives were achieved at different results level as specified in the project M&E framework.	• Survey tool • Project reports reviews • Most significant change tool • KI guide with project staff and other key stakeholders	• Beneficiaries • Lit reviews • Beneficiaries • Project staff, key stakeholders
Assess the level of stakeholders' participation in the project activities; children, Pregnant women caregivers, VHTs, teachers and duty bearers including institutions like schools, etc.	• Survey tool • Project reports reviews • Most significant change tool • KI guide with project staff and other key stakeholders	• Beneficiaries • Lit reviews • Beneficiaries • Project staff, key stakeholders
Assess the relevance of the project; to what extent did the project intervention conform to the needs and priorities of target groups; children, caregivers, Pregnant women etc.	• Survey tool • Project reports reviews • Most significant change tool • KI guide with project staff and other key stakeholders	• Beneficiaries • Lit reviews • Beneficiaries • Project staff, key stakeholders
Evaluate the efficiency of the project delivery mechanism, to what extent were the costs of project intervention justified by its results, taking variety of alternatives into account?	KI guide with project staff and other key stakeholders	Project staff and other key stakeholders
Evaluate the effectiveness of the project sustainability plan	KI guide with project staff and other key stakeholders	Project staff and other key stakeholders

2.5 Data Management and Analysis

2.5.1 Data Management

After the data was collected, all the questionnaires and data collection tools were carefully reviewed and edited. All the data was coded, entered and analyzed in a way that is agreeable to the Child Fund Uganda. Collecting data was one thing and analyzing it effectively and turning it into useful management information was another. PCI employed robust approaches in analyzing data taking into consideration both quantitative and qualitative data.

2.5.2 Data analysis (Qualitative and quantitative)

The evaluation used two kinds of data, the quantitative data from structured questionnaires, checklists, competency assessment tool and reports and the qualitative data from KIIs and FGDs.

Quantitative data was analyzed quantitatively using excel and SPSS. Descriptive statistics i.e. mean were used, 95% confidence intervals, frequency, proportions, percentages, cross tabulations and totals. Measures of variability such as standard deviation were also generated.

Qualitative data analysis techniques (quality and thematic analysis techniques) were used to analyze qualitative data items collected from key informant interviews. The findings were used to validate the interpretation of the findings from the quantitative studies.

2.6 Writing the Evaluation Report

After the analysis and synthesis of the data, the final evaluation report was prepared detailing all the methodology, the evaluation findings and key conclusions. The initial findings and conclusions were presented to the client for preliminary comments. A draft report incorporating the preliminary comments was made and a final report was presented by the team leader in a stakeholders' workshop for validation.

2.7 Reducing Bias and Improving Data Quality

In undertaking this assignment, consulting team was mindful of enhancing authenticity of the results. Some of the measures taken into consideration included:

i. Random and purposive sampling of the primary respondents
ii. Employing largely independent data collectors who will be 'blindfolded' receiving as little information as possible on the project. From our experience data collectors, if not handled well can unintentionally bias respondents through giving cues
iii. Triangulation, using multiple methods as well as multiple sources of data, cross checking some key issues. Triangulation took place both in terms of comparing and contrasting the responses of different actors but also different modes of data – interviews, observation, grey literature, etc. All of these forms of triangulation were means to assess the robustness of findings and to enhance the quality of the research and address attribution.
iv. By going for the digitalised data collection, especially for quantitative data, the quality is enhanced through real time correction and cleaning.
v. Accuracy of translation was addressed by having speakers of local-language as appropriate during interviews and discussions. One of the consultants to be deployed by Promise Consult spoke the local language (Lusamia) and was therefore instrumental in this process.
vi. Daily reviews with data collectors in the field
vii. Supervisors to review and approve the data captured before being uploaded.

2.8 Limitation of the study

i. During the period of evaluation, the district of Busia was still under COVID19 total local down, although the consultant received a waiver to collect data, the time given was only five (5) days that was not sufficient to meet all stakeholders.
ii. Due to COVID19 Lockdown, all schools had been closed since March 2020, and effort to interview Head Teachers of ECD linked schools, only 2 were are able to be accessed on phone while others, their phones were off.
iii. Complete lists of VHTs were only obtained for Buhehe and Masinya from Child Fund Staff. Some VHTs were located through the Health Facilities.
iv. Local Governments at district and sub county were cagey with information on functionality of IECD structures. Most of the Sub county Chiefs and CDOs were new in their duty station, thus did not have information about IECD Structures. Only Lumino Sub-county indicated the IECD Committee was functional but had no minutes to proof. Although the

evaluation did not do a detailed assessment of the management practices of ECD Centers, FGDs and KIIs with parents and caregivers revealed that caregivers and Management committees of ECD were trained to effectively manage their centers. There were notable bottlenecks in the management practices for example most ECDs still don't have functional databases (including paper based) about their enrolments.

3.0 Analysis of the findings

3.1 Assessment of achievements of the planned ECD outcomes for children and their caretakers

Achievements were assessed with respect to the extent to which project objectives were achieved at different results level as specified in the project M&E framework.

Outcome 1: IECD governance structures at district, sub-county and parish levels are functioning

Performance Indicator: Percentage of functional ECD structures at district and community level

The baseline, the IECD structures were non-existent in Busia district, according to District Education Officer (DEO) of Busia District. Accordingly, **the baseline value of this indicator was 0%.**

Evaluation Findings

The functionality of Integrated Early Childhood Development (IECD) structures were assessed based on; formed according to NIECD policy, regular meeting (at least quarterly, minutes documented), reporting to upper level, ECD activities integrated into the DDP/budgets, monitoring plan in place for the current FY, capacity building follows up visits undertaken by the ECD Technical Working Group (TWG) to the lower level structure. Joint multi-sector (involving key players) in assessment and monitoring of IECD activities and initiatives – (Evidence – joint monitoring reports), Partners apart from government implementing IECD activities in the district/sub-county/parish, Coordination meetings with the inter sectors / ECD relevant players to discuss and integrate ECD issues (evidence of at least quarterly meeting - minutes). Implementation guidelines in place? Learning framework for ECD, NIECD policy, Early Learning Development Standards (ELDS), Caregiver's Guide to the Learning Framework for ECD, etc. Mechanism at the ministry, district, sub-county level respectively to involve lower-level structures in planning for ECD activities/initiatives, Committee interact with other formal and informal sectoral committee. (NOVCC/DOVCC/SOVCC/ Parish CPCs), TPC, DHT, Education committee, VHTs, etc.

The IECD structures at district, sub-county, parish and village levels were oriented, operationalized and functional at district according to interaction with District IECD Focal Persons, minutes and reports available. At sub-county and parish level the committee's functionality mainly focused on meetings with limited evidence in terms of minutes and implementation of action points agreed on. **There was significant improvement on this indicator as it scores an average of 50% from 0%**.

1. District level

According to the National IECD Policy, the District IECD Committee was chaired by the CAO or his delegated official and composed of all departmental heads of the district, the LC 5 Executive Secretary in charge of children affairs, IECD focal person appointed by CAO, Council secretaries for Education, Health, Community Services, Production, Water and Sanitation, 1 representative from CSOs, 1 representative from Development partners and 1 representative from the private sector. The District IECD Committee was fully constituted with ACAO as chairperson and functional having held several quarterly meetings with action points generated. Among the meetings was of 28th August 2018, 23rd March 2019 and last one was held on Friday 24th of July 2020[1]. The Ag. District Education Officer (DEO), Mr. Barasa Gamaliel Gabriel indicated that the IECD Focal Persons (Education and Community) were appointed. However, ECD was not mainstreamed in the DDP and was not included in the district budget. The district has a monitoring plan for ECD activities (*Education Department*). They were engaged in monitoring both primary schools and ECD centres. At the time of collecting data they were capturing data regarding status of each ECD in terms of enrollments and their facilities and ensure that they all registered with the government. However, there was no evidence that joint monitoring was being conducted. Again, monitoring was only conducted by departmental heads. The district has the provided guidelines that support the operation of ECD centres.

The DEO recommended for increased mobilizing of parents and sensitize them to ensure that they are committed to meet ECD requirements. Hold joint management meeting between primary schools and ECD centres to minimize the differences and the primary heads should be allowed to manage or control ECD centres.

2. Sub county and Parish levels

The IECD committees at sub county and parish levels were fully constituted and oriented on their Terms of Reference/Roles and responsibilities. Reviews meetings in 2018 and 2019 indicated the meetings were functional i.e holding meetings quarterly. A summary of the findings were as in table 4 below:

Table 4: Assessment of the Functionality of Sub-county UEC Committees

Functionality Parameters	SUB-COUNTIES				
	Lumino	**Majanji**	**Buhehe**	**Dabani**	**Masinya**
Existence of IECD committee	Exist and oriented but no minutes	Yes, they have 5-6 members but no minutes	Yes, but no evidence of minutes	Exist and oriented but no minutes	Exist and oriented but no minutes
Integration of ECD activities in DDP / budgets	No	No	No	No	No. but Development partners do activities separately
Monitoring plan for the current FY	None	None	None	None	None. Reports are received from CPCs as CDO isn't facilitated

[1] Minutes of IECD Quarterly Meeting held on Friday 24th of July, 2020 in Chango Macho Hall starting Time 9:00am

Functionality Parameters	SUB-COUNTIES				
	Lumino	**Majanji**	**Buhehe**	**Dabani**	**Masinya**
Capacity building follow up visits	None	Roles of the ECD parish Committee	None apart from BUACOFE		Hold review meetings
Mechanisms of joint multi-sector (involving key players)	None	Yes. Monitoring involves politicians, parents.	No evidence	CF works with only S/C, and not parish level	None
Partners apart from government implementing IECD activities	Budimo Child Dev't center & World Vision	None	None	World Vision Uganda	World Vision Uganda
Coordination meetings with the inter sectors / ECD relevant players	None	Yes, hold regular meetings	Quarterly meetings with CPCs, VHTs, CDO and Health Assistant	None	Meetings with CPCs, VHTs, CDO and Health Assistant
Implementation guidelines in place	Although exist, CDO has seen them	Exist but not used	National policy exist but no standards and guidelines	None	No guidelines
Mechanism at S/C level to involve lower-level structures in planning for ECD activities/initiatives	Trainings of caregivers Report child welfare issues & link with TPC	Yes, Parish structures involved in planning	None	None	None
Committee interact with other formal and informal sectoral committee	Share reports with the Sub county	Share information on child rights abuses for follow up	Trainings to build capacity of caregivers	None	Lack of facilitation, where given is inadequate
Committee interact with CF/BUACOFE ECD project	Mobilize community to provide locally available materials	Equipped parents with knowledge of taking care of children	Liaised with LCs to provide land for construction of ECD centers and recommend care givers at the ECD facilities	None	None
Relevance of the ECD project	Children get meals at ECD centres	Child rights protection	More children are enrolling into the ECD centers because of increased awareness		Parents leant importance of education, child rights, dangers of child labor and exposing children to pornographic materials

Recommendations by the responsible Local Government staff to address the key challenges

i. They recommended that adequate ECD center facilities and training materials be provided due to the increasing numbers of children every year.
ii. That capacity building should target all stakeholders including caregivers, ECD committees, political leaders and LG staff at Parish and Village levels.
iii. Bulwani ECD centre should be constructed (because it is housed by Buhehe P/S in one room that is not enough for over 200 children) and equipped with ECD materials.
iv. Consider providing transport facilitation for the IECD Committee members to motivate them to regularly attend quarterly meetings. Prompt facilitation of LG staff and transport facilitation be increased from 20,000= upward.
v. Task government to co-fund some of the ECD activities in the sub-county including operation costs, payroll for caregivers, etc.
vi. The parish and village IECD committees should be operationalized to improve on the coordination gap e.g. enable parish ECD committee to function beyond attending quarterly meetings. Create stronger ties with lower local governments.
vii. Adopt the Buyengo ECD model (in Dabani S/c) in Masinya Sub County to support children with basic needs, education and health care.
viii. Child Fund/BOACAFE should regularly provide feedback to LGs on areas for improvement. CDO gives reports for every activity but they don't get feedback.
ix. Involve LLGs in needs assessment and consult community members to find out the actual pressing needs than just offering whatever there is.
x. Child Fund/BUACOFE should have Project Exit Strategy for sustainability of the projects. For example, hand over the IECD Committees with files of minutes and reports to the district to finance and manage them.

3. Parish and Village Levels

The Parish IECD Committees are operationalized and oriented on their roles and responsibilities in August 2018[2]. The orientation targeted the LC Chairpersons, VHTs, PDC Chairpersons, and sub county chiefs. **The target group missed out Parish Chiefs and LCI Vice Chairpersons/Secretaries for Children Affairs who are key members of committee.**

An IECD review report in March 2019 by District Focal Person. Mr. Barasa Patrick Olakho indicated most Parish Committee operating with limited functionality. Lumino S/C– 4 parishes, were dormant due to lack of facilitation and rest were meeting and had action points. Some CDOs were reluctant to talk about IEC at these level mainly because they lacked evidence in form of minutes and action plans. In Masinya the Parish Committees meet with CDO at sub county level to give reports.

There was no evidence of the formation, operationalization and functionality of IECD committees at village level.

[2] Report for disseminating and orienting the NIECD Policy at parish IECD Committees by Mr. Wabwire Wycliffe, IECD DFP, 2ND August 2018.

Outcome 2: Parents' awareness on ECD and Child protection is increased in Busia community by July 2020

□ Basic information of the 384 caregivers surveyed

The endline evaluation, found 98% of respondents aged 15-50 years which corresponded with the baseline survey participants average age of 30.7 years thus active parenting age. Majority of respondents were Christians (93.2%) and Moslems (4.7%), married or living together (91.7%) and had agriculture-related occupation (80.7%), all characteristics were close to baseline survey findings. Only 4.4% didn't attend formal education as opposed to 95.6% with majority attending primary school (62.5%), secondary school (28.4%) and higher education (4.7%). For more detailed information, see the table below.

Table 5: Demographic Information of Respondents

Category	Baseline Survey	Endline Evaluation
Head of household	22.9% (87 persons)	28.6% (110 persons)
Average age	30.7 years old (min 18 yrs, max 70 yrs)	98% of the respondents were in 15-50 years
Education level	No education (8.7%), Primary school (66.1%), Secondary school (23.2%), Higher education (2.1%)	No education (4.4%), Primary school (62.5%), Secondary school (28.4%), Higher education (4.7%)
Occupation	Farmer, fisherman, stockbreeder (81.6%), Housewife (7.4%), Teacher, Civil Servant, manager (2.4%), Service sales (7.6%), Health worker (0.8%)	Farmer, fisherman, stockbreeder (42.7%), Housewife (38%), Teacher, Civil Servant, manager (3.6%), Service sales (10.2%), Health worker (1%)
Religion	Christian (91.2%), Muslim (6.6%), Others (2.2%)	Christian (93.2%), Muslim (4.7%), Others (2.1%)
Marital status	Married or living together (92.4%), Divorced or separated (3.4%), Widowed (3.2%), Never married or never lived together (1.1%)	Married or living together (91.7%), Divorced or separated (2.3%), Widowed (2.3%), Never married or never lived together (3.6%)
Ownership of house	Yes (95.5%), No (4.5%)	Yes (94.8%), No (5.2%)
Ownership of land	Yes (87.4%), No (12.6%)	Yes (86.5%), No (13.5%)
Ownership of livestock	Yes (68.7%), No (31.3%)	Yes (72.9%), No (27.1%)

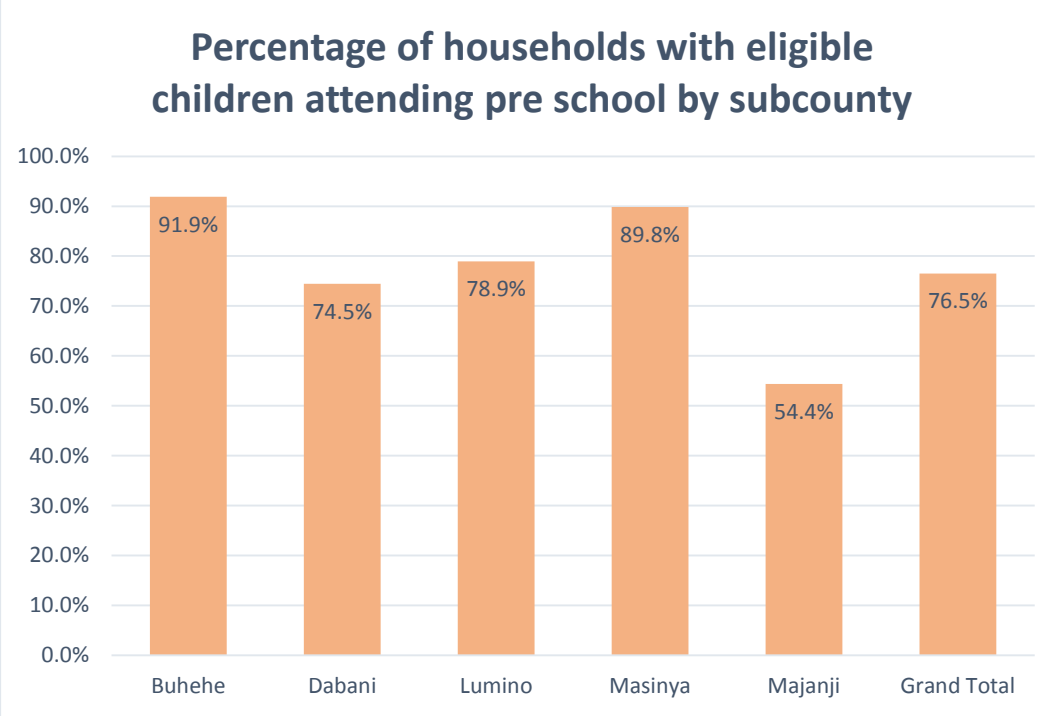
Performance Indicator 1: Percentage of children enrolled at the ECD centers

Baseline Survey Findings that surveyed 380 households indicated that **246 households (64.7%)** were sending at least one or more of their age-eligible children to organized early learning center, nursery school, kindergarten or community ECD center. Meanwhile, a huge gap amongst the Sub-counties was found by the survey. The highest was Buhehe Sub-county with 78.9%, followed by Majanji had 69.7%, then Lumino had 63.2%, Dabani had 61.1% whereas lowest was in Masinya Sub-county with only 55.3%. The overall difference in ECD access was 35.3%.

The end line evaluation findings

The overall findings show that 76.5% of the parents sending at least one or more of their age-eligible children to organized early learning center, nursery school, kindergarten, or community ECD center as compared to **64.7% at baseline survey**, representing **11.8%** increase**.** Further analysis by sub-county indicate a significant increase apart from Majanji that show a decrease from 60.9% to 54.4%. Significant improvement Buhehe from 78.9% to 91.9%, then Lumino from 63.2% to 78.9%, Dabani from 61.1% to 74.5% and Masinya Sub-county from 55.3% to 89.8% recording highest increase of 33.5%.

Details of analysis are displayed in the graph below:



Further analysis to compare actual enrollment at start of the project and March 2020 when the schools were close due to COVID19 pandemic. These has more than doubled from 1,021 to 2,195 children.

Table 6: Performance of ECD centres as March 2020 compared to July 2017

No	ECD Center	2020	2019			2018			2017		
			Total	Boys	Girls	Total	Boys	Girls	Total	Boys	Girls
1	Buwumba	197	187	79	108	135	70	65	112	44	68
2	Buyengo C	215	199	102	97	160	70	90	37	20	17
3	Bulwande	205	186	96	90	133	68	65	84	39	45
4	Buyengo A	30	30	13	17	34	12	22	30	12	18
5	Sibirise	231	223	125	98	170	85	85	97	49	49
6	Mundaa	105	61	33	28	49	31	18	28	19	8
7	Butula	39	57	26	31	48	22	26	47	20	27
8	Nangwe	140	102	59	43	107	54	53	68	31	37
9	Dadira	172	185	91	94	150	77	73	68	30	38
10	Dakha	97	91	39	52	74	27	47	56	28	28
11	Bulwani	200	200	110	90	120	55	65	75	37	38
12	Bunyide	160	187	96	91	109	57	52	83	42	41
2	Sirakano	116	118	46	62	112	52	60	81	40	41
14	Bulwenge	146	142	70	72	105	51	54	91	46	45
15	Nagabita	142	138	69	69	104	57	47	64	31	33
	Total	2195	2106	1054	1042	1610	788	822	1021	488	533

Source: BUOCAFE, September 2020.

3.2.2. % of caregivers knowledgeable on ECD

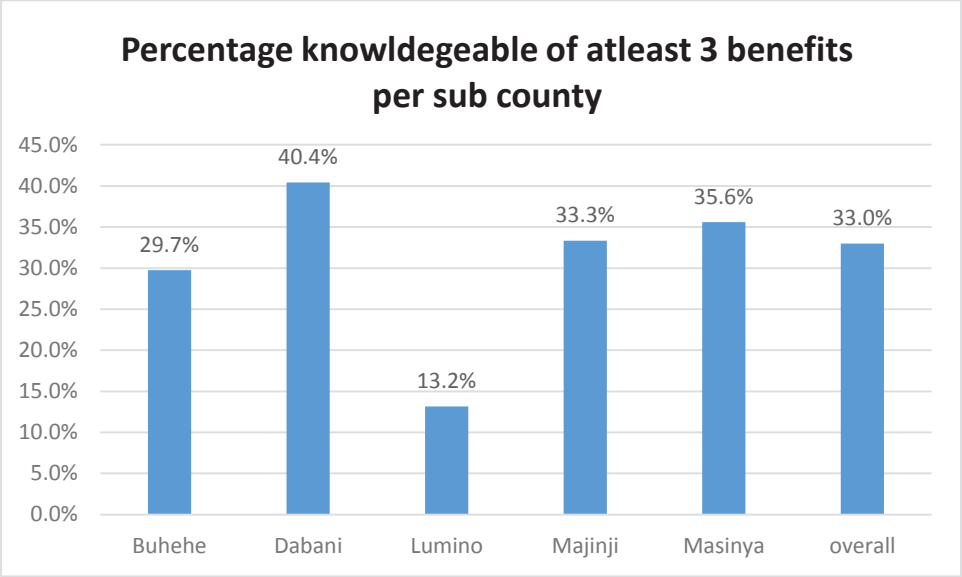
The evaluation study also assessed caregivers' awareness on ECD, survey respondents by asking the same question "*What do you think are the benefits of sending your young children to an organized early learning center*?" Based on ECD standards, the answer choices were categorized into five domains (school readiness, language development, health, socialization, and safety) and examples of each domain were indicated in the survey questionnaire. Being blind to the answer choices, the respondents answered and the surveyor marked the answer based on what the respondents described. In accordance with the pre-set cutoff criteria guided by ECD learning framework of Uganda for caregivers, the study only counted the respondents mentioned 3 or more benefits of organized early learning center.

The Baseline Survey found that 29.7% of caregivers (113 out of 380) are knowledgeable on ECD. While the proportion of respondents satisfied with the criteria is not very high, most caregivers except 9 caregivers (2.4%) showed some level of understanding of the benefits. It is also found that the baseline value of each Sub-county was quite different. For example, the gap between the highest (Buhehe with 38.6%) and the lowest (Dabani with 23.2%) was more than 15 percentage points while other Sub-counties had the baseline value around the average.

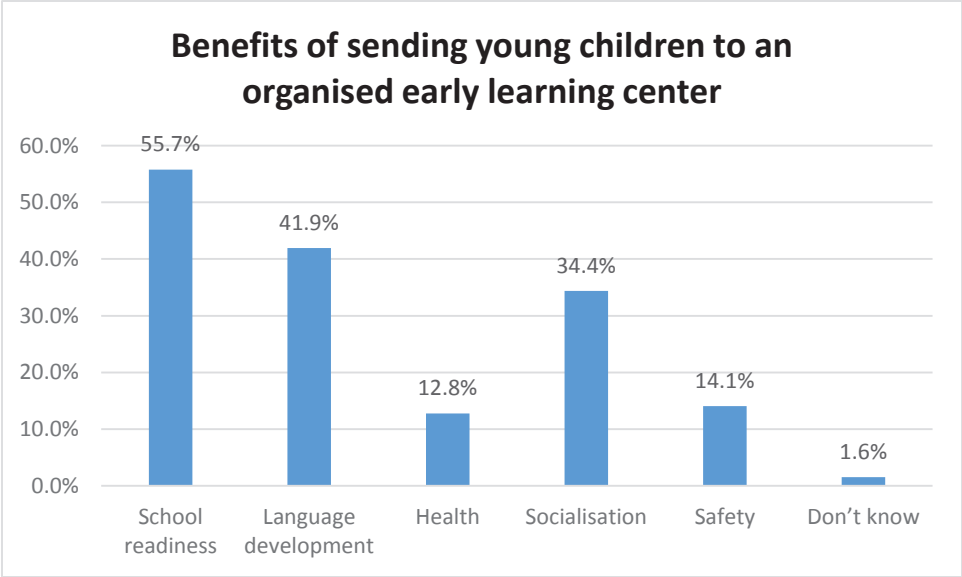
Endline Evaluation Findings

The overall findings show that 33% of caregivers were knowledgeable of ECD. This is a slight increase from the baseline survey findings of 29.7% to 33.0%. However different sub

counties were at different levels with Dabani having highest at 40.4%, followed by Masinya at 35.6%, Dabani at 33.3%, Buhehe at 29.7% and lowest in Lumino Sub County at 13.2%. Details of the analysis are shown in the graph below.



Further analysis was done to determine on the kind of knowledge the caregivers knew. The question was asked if the caregivers knew the benefits of sending young children to an organised early learning center. **The overall findings show an increase in caregivers with at least one knowledge of a benefit of taking their children to an ECD from 85% to 98.4%.** Specifically four domains had a decrease; school readiness scored 55.7%, a reduction from 94.7% at baseline, language development scored 41.9% which is decrease as compared to baseline at 51.6% and socialization was at 34.4% which lower than 43.2% of baseline. While two increased; safety had 14.1% had slight increased from 12.6%, Health scored 12.8% an increase from 5.5% and those caregivers who didn't know reduced from 2.4% to 1.6%.



Performance Indicator 2: Percentage of community members (children and/or caregivers) knowledgeable of what do on child protection concern: how to prevent and where to report a case of VAC.

Baseline Survey Findings

The findings revealed that **62.9% of caregivers were aware of child rights and child abuse.** Analysis by Sub-county showed a similar status across four Sub-counties while Lumino Sub-county (71.1%) had a higher value. It was reported that the specific rights of children, survival right (83.9%) was highly recognized by the caregivers. However, caregivers' knowledge on protective right (51.6%), development right (51.6%), and participation right (18.7%) of children were relatively low. About knowledge of child abuse, most respondents (89.5%) mentioned physical abuse while other types of child abuse were relatively less recognized. Neglect, emotional abuse, and sexual abuse get 53.9%, 41.3%, and only 20.3%, respectively.

Evaluation Findings

Overall results show an increase in knowledge of child rights from 62.9% to 85.8% thus 22.9%. All sub counties significantly improved with Buhehe from 56.1% to 94.6%, Dabani from 62.1% to 93.9%, Majanji from 61.8% to 89.5%, Lumino from 71.1% to 77.5% and Masinya from 61.8% to 77%. Overall 60.7% of the respondents knew at least one child right with Dabani Sub-county having the highest (72.4%), followed by Masinya (63.3%), Majanji (60.3%), Lumino (56.4%) and Buhehe (48.6%) was least.

Table 7: Knowledge of Child Rights and Child Abuse

SUB county	Percentage that know any child right	Percentage that could mention at least one
Buhehe	94.6%	48.6%
Dabani	93.9%	72.4%
Lumino	77.5%	56.4%
Masinya	77%	63.3%
Majanji	89.5%	60.3%
Average	**85.8%**	**60.7%**

Majority of the respondents mentioned Physical abuses(69.7%), followed by Emotional abuse (42.7%), then Neglect (35.4%) Sexual abuse (23.2%) and a few said don't know (3.7%). Apart from Sexual abuse that increased from 20.3% to 23.2%, the rest reduced something that is not clear but an indicator that this aspect was emphasized during implementation of the project.

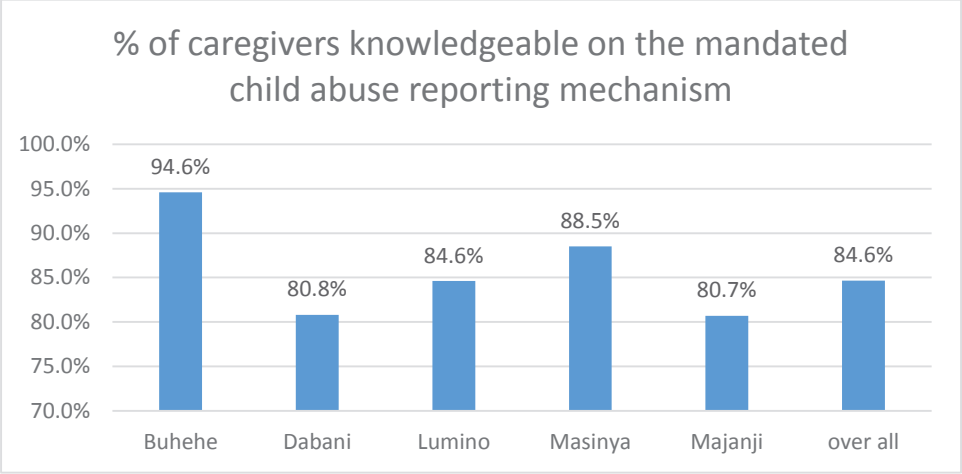
Percentage of caregivers knowledgeable on mandated child abuse reporting mechanism

The same question asked at **Baseline** to respondents if the respondents actually knew about mandated actors of child abuse reporting mechanism as they are requested to name any mandated actors they know of. In other words, their response to the first question was examined by the second question. Therefore, counted the person only when the respondent answered 'yes' to the first question and answered all mandated actors (district officers including probation officer and police officer, and LC) among others.

According to the criterion, **28.7% of caregivers were knowledgeable on mandated child abuse reporting mechanism.** By Sub-county, Buhehe and Dabani had lower percentage points than other S/cies. The baseline reported a huge gap between the respondents' belief and proper knowledge. The findings showed 85.5% answered they knew the procedures for child abuse reporting; only 30% had proper knowledge of child abuse reporting mechanism.

Endline Evaluation findings

The findings show a significant overall increase of knowledge on mandated child abuse reporting mechanism from 28.7% to 84.6% with Buhehe sub-county at 94.6%, which quadrupled the baseline level of 19.3% but is consistent with knowledge of child rights. Masinya at 88.5% from 38.2%, Lumino with 84.6% from 36.8%, Dabani with 80.8% from 17.9% and Majanji at 80.7% from 31.6%. The detailed analysis is shown in graph below.



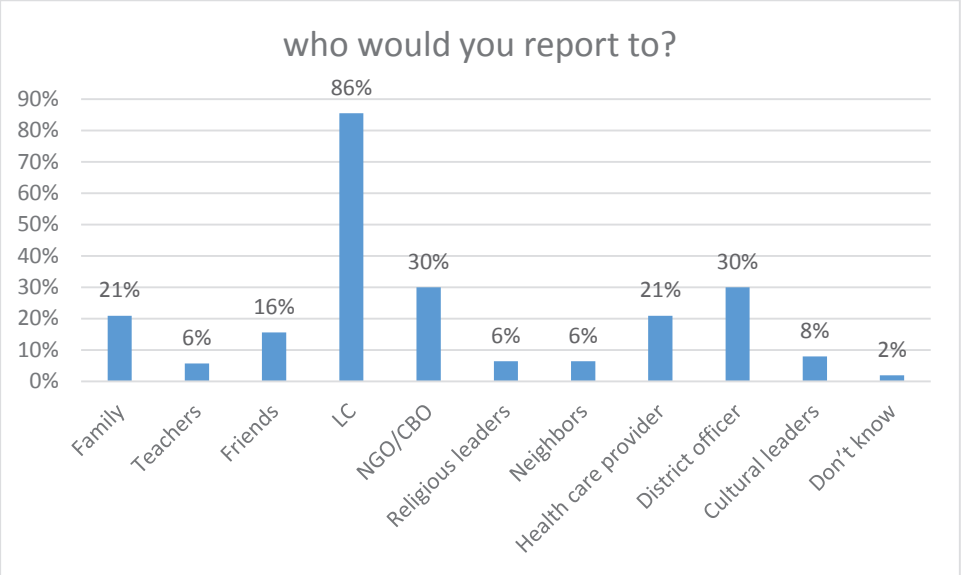
Baseline Survey Findings

The findings at baseline on if they would report child abuse cases or suspected cases found that majority said they would report child abuse cases (93.9%) or suspicious cases (90%) while 6.1% answered 'no' because they thought that 'reporting could only bring negative consequences for family or child' (13) 'Not wanting to get caught up in legal proceedings' (6), 'It is not my job' (4). On whom they would report to, 86.3% indicated to LCs, 31.6% to District Officer, 26.1% to Family members, 13.7% to Neighbors, 12.1% to NGOs, 7.9% to Religious leaders, 5.8% to Teachers, 4.5% to Health Providers, 3.2% to Cultural leaders, 1.3% to Friends and I don't know were 0.8%.

Endline Evaluation Findings

The findings indicate that 88.5% would prevent and report child abuse cases in their communities as compared to baseline at 93.9% for child abuse cases and 90% for suspicious cases. These is decline but within the margin error of 5%. 11.5% saying no they would not report because reporting would bring negative consequences for family or child (67.7%) and other fear not wanting to be caught in legal proceedings (32.3%).

The respondents further indicated to whom they would report to with majority saying LCs (86%) just as in the baseline findings. Below is a graph showing to who respondents would report to.



Further comparative analysis between the baseline and end line evaluation findings show significant increase reporting to the NGOs (17.9%), health providers (16.5%), cultural leaders (4.8%) and friend (14.7%) than LCs (-0.7%), District officials (-1.6%), family members (-5.1%), religious leaders (-1.9%), neighbors (-5.7%) and Teachers (0.2%).

Table 8: Whom to Report Cases of Child Abuse and Neglect

	Whom to report child abuse	Baseline	End line	Performance
1	LCs,	86.3%	86%	Same (-0.7%)
2	District Officer,	31.6%	30%	Same (-1.6%)
3	Family members,	26.1%	21%	Decrease (-5.1%)
4	Neighbors,	13.7%	6%	Decrease (-5.7%)
5	NGOs,	12.1%	30%	Significant Increase (17.9%)
6	Religious leaders,	7.9%	6%	Decrease (-1.9%)
7	Teachers,	5.8%	6%	Increase (0.2%)
8	Health Providers,	4.5%	21%	Significant Increase (16.5%)
9	Cultural leaders,	3.2%	8%	Significant Increase (4.8%)
10	Friends	1.3%	16%	Significant Increase (14.7%)
11	I don't know	0.8%.	2%	Increase (1.2%)

Performance Indicator 3: Percentage caregivers/parents who demonstrate understanding /awareness of early childhood development milestones and provide appropriate support.

Percentage of caregivers who apply appropriate child development practices.

Baseline Survey Findings

The study result indicated **126 caregivers (33.2%) were applying appropriate child development practices.** Each Sub-county had a similar proportion of caregivers applying the practices (Buhehe 33%, Dabani 32%, Lumino 36%, Majanji 36%, and Masinya 30%). Meanwhile, the average score of all samples was 2.28. This can be interpreted that caregivers in Busia were somehow applying the practices even though many caregivers were still not satisfied with the cut-off. They found regarding specific types of practice, a large number of caregivers answered 'sometimes' and always' to most questions except the questions related to feeding and playing. For example, 62.9% of caregivers answered they always encourage their older babies to feed themselves no matter how messy it can be. This was much higher than other questions. On the other hand, 23.7% of caregivers answered 'not at all' to the question about the provision of play material, which was higher in a negative way.

The Endline Evaluation Findings

The end line value was assessed by the answers to eight questions related to practices for appropriate child development. The respondents could only choose one option among 'not at all', 'sometimes', and 'always'. Since 'always' is the recommended option for the practice asked by each question, we assigned scores to the ordered variables 'not at all 0', 'sometimes=1', 'always=2'. As the cut-off criterion was set on the average score of 2.5, the respondents whose average score is 1.5 or higher were counted.

The study result indicates **100 caregivers (35%) were applying appropriate child development practices. This is an increase from 33.2% at baseline.**

There was significant increase in all the 8 child development factors. Apart from "*provide safe opportunities for your child to reach for toys or other play materials, and explore his/her surroundings"* that had not at all, the rest scored zero implying that practices are being practiced "sometimes or always". Significant improvement were in "*laugh and smile with your child – always at 71.6%*" and "*take time to answer your child's "why" questions for always at 70%)".*

Meanwhile, the average score of all samples was 1.3.

Table 9: Comparison of Applying Appropriate Child Development Practices

	Question	Not at all		Sometimes		Always	
		B	E	B	E	B	E
1	% of caregivers who provide safe opportunities for your child to reach for toys or other play materials, and explore his/her surroundings	16.8%	4.4 %	48.7%	60.2 %	34.5 %	35.4 %
2	% of caregivers who laugh and smile with your child	0.5%	0%	56.1%	28.4 %	43.4 %	71.6 %
3	% of caregivers who read or talk to your child	5.3%	0%	63.2%	35.9 %	31.6 %	64.1 %
4	% of caregivers who give your child lots of hugs and praise for good behavior	1.6%	0%	64.2%	50.9 %	34.2 %	49.1 %
5	% of caregivers who spend the time to play with your child	5.8%	0%	77.1%	51.9 %	17.1 %	49.1 %

	Question	Not at all		Sometimes		Always	
		B	E	B	E	B	E
6	% of caregivers who encourage older babies to feed themselves, no matter how messy it can be	7.4%	0%	29.7%	41.0 %	62.9 %	59%
7	% of caregivers who take time to answer your child's "why " questions	4.2%	0%	49.7%	29.8 %	46.1 %	70.2 %
8	% of caregivers who provide play materials that your child can play with (e.g. puzzles, blocks, papers, and toys)	23.7%	0%	55.3%	62.2 %	21.1 %	37.8 %

Key
B: At Baseline
E: At Evaluation

Outcome 3. The quality of center based ECD services is improved at the 15 ECD centers by July 2020

Performance Indicator 1: Percentage of ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age

The same competency assessment tools used at baseline survey was applied on ECD caregivers, whose responses were rate their level of knowledge, attitude, and practice on a scale of 1 to 5 depending on how much they are likely to what the statements in the form describe (1=Extremely unlikely, 2=Unlikely, 3=Maybe, 4=Likely, 5=Extremely likely).

3.3.1.1. Basic information of 11 ECD caregivers

Endline Evaluation Findings
End line evaluation had eleven (11) caregivers (9 females and 2 males) being assessed. Only one attained primary level, while three caregivers were with incomplete secondary education, four attained secondary level education and three caregivers had been educated at post-secondary level as opposed to baseline that had zero. All had over 4 years teaching experience and participated in various trainings ranging from pre-service, in-service and mentoring. Training or capacity building program length ranged from less than 1 month to 12 months. Child to adult ratio at ranged from 30 to 50 which still higher than the government standard ratio of 1:25. For more demographic information, see the table 10 on the following page.

Table 10: Basic information of 11 ECD caregivers

Age	43.5					
Sex	Female	Male				
	9	2				
Level of education	No education	Incomplete Primary	Primary	Incomplete Secondary	Secondary	Post-secondary
	0	0	1	3	4	3
Number of children in class	Less than 10	10 ~below 20	20 ~below 30	30~below 40	40~below 50	above 50
	0	1	0	4	2	4
Work experience in the past	Yes	No				
	5	6				
Length of work experience	Less than 1 year	1~2 years	2~3 years	3~4years	Above 4years	
	0	0	0	0	11	
Participation in training	Yes	No				
	11	0				
Type of training	Pre service	In service	Mentoring			
	3	3	5			
Length of training (months)	less than one month	1~3 months	4~8 months	8~12 months		
	7		2	2		
Advisors for ECD caregiver	Supervisor	Other caregivers	Community	By yourself		
	10	1				

3.3.1.2. Analysis of data

Baseline Survey Findings

The baseline study, **found <u>26.9% (7 out of 26 caregivers) were satisfied with the criterion</u>**. This value was somewhat acceptable as the needs assessment of this project pointed out low competency of ECD caregivers. Further, while 19 caregivers rated their practices above 4 (a mean value of 4.2), only 7 of them rated their knowledge above the cut-off criterion (a mean value of 3.3.) In addition, only 3 caregivers rated their knowledge higher than their practice. The statement asking knowledge on five domains of child development marked the lowest rate among 38 statements.

Endline Evaluations Findings

Among the ECD caregivers applying knowledge and skills to lead learning programs for children 3 to 5 years of age, the highest scores were in Developmentally Appropriate Teaching and Promoting Health, Nutrition, and Safety with average of 4 while Knowing about and Understanding Content Knowledge had 3 and lowest score were in knowing and Understanding of Child Development and Learning had an average of 2.

Table 11: ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age

	Knowledge and practices	Scores											Average
PROFESSIONAL KNOWLEDGE, UNDERSTANDING AND PRACTICE (Knowing and Understanding of Child Development and Learning)	Physical development (e.g. changing body size, muscles, motor skills)	5	5	0	4	5			4				**2.09**
	Social Development (e.g. talking to other children, language skills)	5	5	0	4			4		4	4	1	**2.45**
	Emotional Development (e.g. showing some sense of humor, laughing and smiling)	5	5	0	4		5	4				1	**2.18**
	Mental Development (e.g. development of concept, accurate in judgment)	5	5	0	4		5					0	**1.73**
	Moral/Spiritual Development (e.g. developing moral values-respect, honesty, trust)	5	5	0	5			4				0	**1.73**
PROFESSIONAL KNOWLEDGE UNDERSTANDING AND PRACTICE (Knowing about and Understanding Content Knowledge)	I can describe what elements influence and contribute to a child's development and learning at home and center/school.	3	5	0	2	4	5	5	4	4	4		**3.27**
	I can describe what is important in each learning area and why it is important to children.	4	5	0	2	5	5	5	4	5	4	1	**3.64**
	I can describe the central concepts and structure of the 5 learning areas (learning outcomes, competencies, and developmental activities) for each age category.	3	5	0	2	5	5	5	5	5	5	1	**3.73**
	I can prepare learning areas/corner, and develop termly plans, daily routine, and write child observation record and assessment report based on the ECD learning framework and caregivers guide to the learning framework.	4	5	0	2	5	5	5		5	5	1	**3.36**
PROFESSIONAL KNOWLEDGE UNDERSTANDING AND PRACTICE	I pose questions and encourage children to ask questions freely.	4	5	1	4	4	5	5	5	5	5	4	**4.27**
	I encourage children to express their feelings, thoughts, and opinions.	4	5	1	4	4	5	5	5	4	5	5	**4.27**
	I always make constant eye contact with individual children.	4	2	1	3	4	5	5	5	3	5	5	**3.82**

	Knowledge and practices	Scores											Average
(Developmentally Appropriate Teaching)	I prepare and plan various and developmentally appropriate play materials and games in order for children to learn through play.	4	5	1	4	5	5	5	5	5	5	5	**4.45**
	I encourage children to try and learn by themselves in order to give them a sense of accomplishment.	4	5	2	4	4	5	5	5	5	4	5	**4.36**
	I use language and activities that avoid gender and other stereotypes.	4	5	3	4	4	5	5	5	5		5	**4.09**
	I promote peer interactions and group activities to encourage children' social development, mutual support, and a sense of community.	4	5	1	4	4	5	5	5	5	4	4	**4.18**
	I provide sufficient choices for children to explore, play and learn.	4	5	3	4	4	5	5	5	5	4	5	**4.45**
	I guide children to resolve the conflict themselves in peer relationships.	2	4	4	4	4	5	5	5	4	4	5	**4.18**
PROFESSIONAL KNOWLEDGE UNDERSTANDING AND PRACTICE (Promoting Health, Nutrition, and Safety)	I always keep eyes on children and ensure all children in under my supervision.	4	5	1	4	5	5	5	5		5	5	**4.00**
	I can explain what to identify and investigate, whom to report if child abuse cases occur within children's home or preschool.	4	5	2	4	4	5	5	5		5	5	**4.00**
	I guide children' healthy eating habit to ensure a balanced diet.	4	4	2	4	5	5	5	5		5	4	**3.91**
	I promote that children wash their hands before eating, after using the toilet, after outdoor activities.	4	5	1	4	5	5	5	5		5	5	**4.00**
	I help children use the toilet properly.	4	5	2	5	4	5	5	5		5	5	**4.09**
	I frequently wash my hands – before eating, after using the toilet, after outdoor activities, when preparing food and snacks – to ensure children' health.	4	5	1	5	5	5	5	5		5	5	**4.09**
	I monitor and check carefully if children have signs of abuse and neglect.	4	4	1	5	4	5	5	5		5	5	**3.91**
	I ensure all learning and play materials are clean and organized every day.	4	5	2	5	4	5	5	5		5	5	**4.09**
	I clean and ventilate the classroom every morning.	4	5	1	5	5	5	5	5		5	5	**4.09**

3.3.1.3. Necessities for improving quality of ECD programs

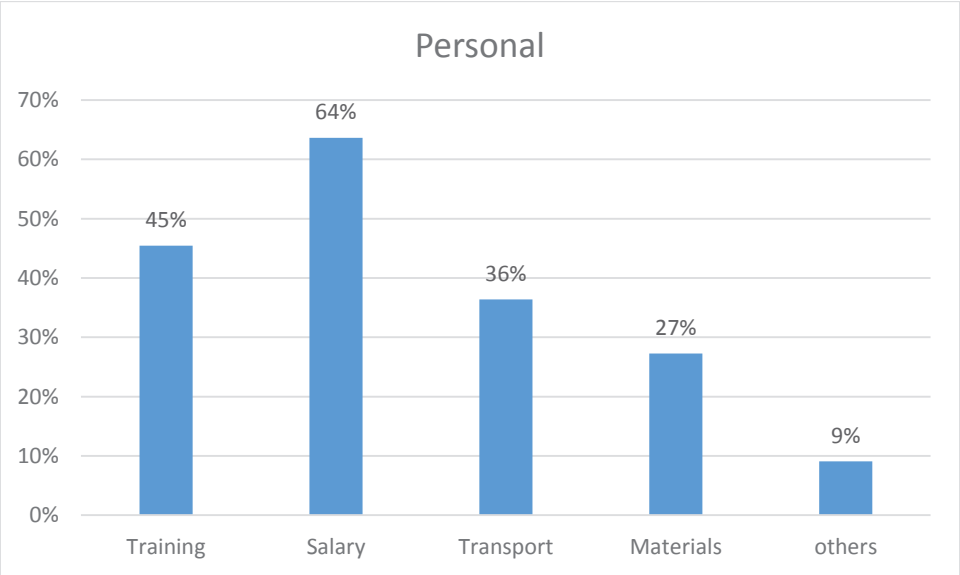
The same question asked during the baseline survey were applied at end line evaluation using the capacity assessment form, ECD caregivers were also asked about necessities for improving quality of ECD program both personally and institutionally.

□ **Personal aspect**

Baseline Survey Findings, found that training is the most needed with 22 ECD caregivers mentioned the various type of training. They mentioned refresher training, training on language, mathematical concepts and nursery teaching methodologies, dealing with children, parenting, learning frame and curriculum assessment. Some also mentioned exchange visits to other ECD centers. They also needed material support for the caregivers. A half of the respondents said a regular and higher salary is much needed for their motivation and for their consistent work at the ECD center. The issue of salary could also be related to the management of the ECD centers. All 15 ECD centers were owned either by community or CBO. This means the ECD centers could be financially less stable than government-owned or private ECD centers considering their main financial sources. Transportation support like provision of bicycle mentioned by 12 caregivers also fell under the needs of material support. In addition, a handful of caregivers mentioned uniforms, t-shirts, meals, and appointment letter.

Endline Evaluation Findings

This time around salary (64%) was ranked high among the personal needs, followed by training (45%), transport (36%), materials (27%) and others (9%). The caregivers emphasized the need for salary increment and/or with Top up allowance. Some ECD centres need access to water i.e. Dakha Tank but not mounted for rain harvesting and more class rooms. The caregivers asked for refresher training & mentorship on learning frameworks, schemes and lesson planning. They still require improving learning materials and repair broken play materials. Some caregivers stay very far from ECD centre i.e. Bulwani stays at Nahayaka and Bulwande at Dadira (3 km) and need bicycles.

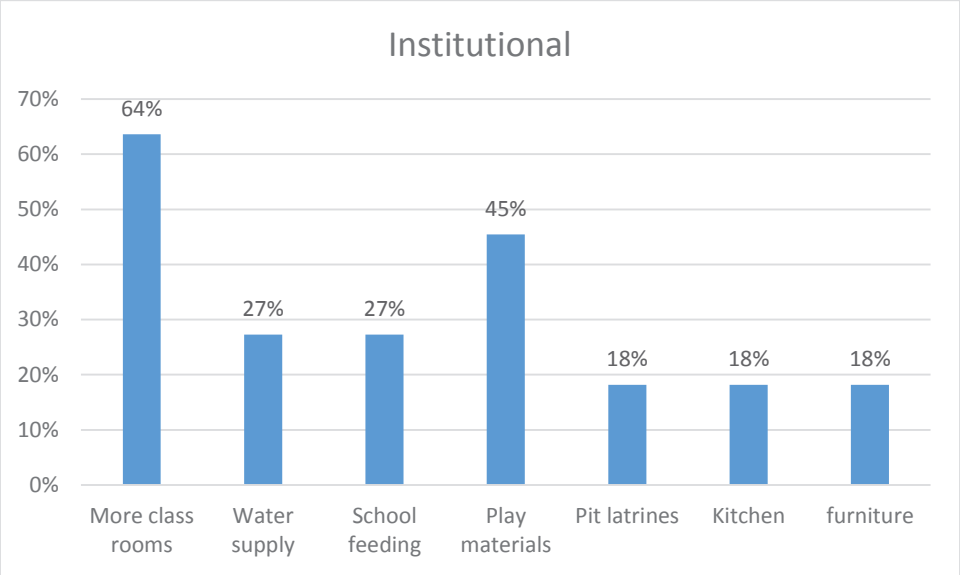


□ **Institutional aspects**

The Baseline Survey findings indicated that both indoor and outdoor play materials were mentioned 19 times by the caregivers. Other materials such as textbook, partition, sits, and mats are also pointed out. While infrastructures such as classroom building (8), fence (7), school feeding (7), first aid kits (5), supervision (4), sensitization of parents (4), reduction of the child to teacher ratio (4), scheme of works (3) were mentioned as well as kitchen (2), toilet (1), and water tank (1) are also noted.

Endline Evaluation Findings

The findings below show that issue of classrooms (64%) is still a priority and wasn't addressed but is also due to increased knowledge created on ECD, water supply and school feeding (27%) feature prominently as a gaps. The need for play materials (45%) and fencing (0%) has significantly reduced, while kitchen, furniture and toilet remained constant (18%) at low level.



Performance Indicator 2: Percentage of primary schools with transition activities for children from ECD centers

Baseline Survey Findings

3.3.2.1. Basic information on 20 primary schools

Found that all the primary schools were owned by the government. The average number of enrolled students at each school was 849 (girls 430, boys 419). The largest school had 1,530 students whereas the smallest one had 421 students. Regarding the teachers, on average each school had 3.3 fewer teachers than government requirements. According to the study, most teachers in 20 schools had not been trained on NIECD policy framework, transition activities, and child protection. Number of teachers government required (average 17.2), number of teachers available (average 13.9), NIECD policy frameworks and guidelines (0.6% (12 out of 278), Transition activities (0.9% (18 out of 278) and Child protection (1.8% (36 out of 278)

Endline Evaluation Findings

The evaluation study made a comparison between the baseline and endline and found a significant improvement in school enrolment, child protection, parenting and psychosocial support education which could be attributed to the project interventions. **Primary schools with transition activities for children from ECD centers increased from 29% to 50%.** All schools had been closed for 6 months due to COVID19 Lockdown. Assessment was not comprehensive enough as most schools were still closed and head teachers were not accessible for observation and evidence.

Table 12: Basic Information about ECD Centres

Category	Specific Information	
	Baseline	**Endline Evaluation**
# of school by Location (Sub-county)	Buhehe (6), Dabani (6), Majanji (4), Lumino (4)	Buhehe (4), Dabani (4), Majanji (2), Lumino (2) Masinja (2)
# of schools by Ownership	Government (20)	Government (3), CBO/NGO (3), Community (6), FBO (1)
Average School enrolment	849 (Girls 430, Boys 419) / Min 421, Max 1530	1895 (Girls 800, Boys 644) / Min 30, Max 242
# of teachers government required (average)	17.2	4.2
# of teachers available	13.9	13.9
# of teachers trained on (average)		
Child protection	0.9% (18 out of 278)	25.9% (22 out of 85)
Parenting education	1.8% (36 out of 278)	28.2% (24 out of 85
Psychosocial support		20.0% (17 out of 85)
NIECD policy	0.6% (12 out of 278)	25.9% (22 out of 85)

3.3.2.2. Analysis of data

Baseline Survey Findings

Of 20 schools, 4 primary schools (20%) were satisfied with the cut-off criteria (highlighted in yellow). Among the 4 schools meeting the criteria, three schools (Buyengo p/s scored 14, Nagabita p/s and Sibiyirise p/s scored 13) scored relatively high in all categories including family and children. However, one school, Busumba primary school in Dabani was atypical as its total score (8) is below the average (8.1) of the 20 schools. Meanwhile, a huge discrepancy between the schools was also found. While the school with the highest score satisfied with 14 out of 16 standards, three schools with the lowest score met only three standards. The gap reached 13. The baseline regarding the average score of four categories, physical environment was 1.8 out of 4, and teacher effectiveness marked 3.1 out of 5. Also,

the average score in the ready family and ready children were 1.6 out of 3 and 1.7 out of 4 respectively. It was found that a few schools were fenced and safe for outdoor play and learning (4 schools); had appropriate furniture in class, arranged to allow group and individual play and learning, and easy access to thematically arranged learning materials (7 schools); arranged interactive meetings between lower primary teachers and ECD caregivers (7 schools). However, most schools had adult supervision for all classes and compound at all times (19 schools); used continuous assessment methods to assess the progress of children's learning (17 schools).

Endline Evaluation Findings

Due to closure of schools for over 6 months as a result of the COVIC19 pandemic with Busia district still under total lockdown, this indicator could not be effectively assessed. Most head teachers could not be reached either physical nor on phone. Only two schools were assessed; Buwumba and Sibiyirise Primary Schools in Dabani and Lumino sub counties respectively. Although not representative, the findings show that children from ECD centers/Nursery schools enter primary with basic skills in literacy and numeracy, follow directions, work well with others and actively engage in learning.

Performance Indicator 3: Percentage of ECD centers meeting minimum standard according to Uganda's IECD Policy

3.3.3. % of ECD centers meeting Uganda's MOES Center based ECD standards.

The baseline used a checklist composed of 45 center-based ECD standards in 7 domains. The cut-off criteria of this indicator were set at 50% or more (23 standards or more) of 45 standards. The baseline team visited all 15 targeted ECD centers and conducted key informant interviews with a representative of each ECD center.

3.3.3.1. Basic information on 15 ECD centers

Baseline Survey Findings

The 15 ECD centers were located in 4 Sub-counties (Buhehe 5, Dabani 5, Majanji 3, and Lumino 2). Of 15 centers, 11 ECD centers were community owned and 4 centers were owned by CBO or NGO. While most ECD centers started in the 2000s, no ECD center had been licensed by the government. The average enrolled children at each center were 76.5 children. While the average number of ECD caregivers required by the government was 3.2, the average available number of ECD caregivers was 1.9. It demonstrated a shortage of ECD caregivers at the ECD centers. About children to teacher ratio, the average ratio of 1 to 40.3 was higher than government's standard ratio of 1 to 25. Most of ECD caregivers had attained either professional (11 caregivers) or non-professional certificate (10 caregivers).

However, 7 ECD caregivers had not attained any education on ECD at all. Aside from their education level, most ECD caregivers had rarely trained on early childhood development. Of 28 ECD caregivers, only 3 caregivers trained on NIECD policy framework and guidelines. Caregivers participated in training on other topics were also less than 50%. Also checked the availability of standards operation guidelines at each ECD center. Most ECD centers had learning framework (14) and caregivers guide to learning framework (12) in place. However, no ECD center had NIECD policy and Early Learning Development Standards in place.

Endline Evaluation Findings

The Evaluation assessed 13 ECD centres including a government owned in Masinya sub-county. While baseline 15 centres ownership was Community-owned (11) and CBO/NGO (4)), the evaluation found 13 centres ownership as Government (3), CBO/NGO (3), Community (6) and FBO (1). The ownership to some centres is not clear. The findings show significant increase enrolment of children at ECD centres from average of 76.6 to 146.8, average number of ECD caregivers required by government increased from 3.2 to 4.2, average number of ECD caregivers available increased from 1.4 to 3 and Education level of ECD caregivers increased for professional certificate from 11 to 21 as non-professional decreased from 10 to 8. Trained caregivers significantly increased in NIECD policy frameworks/guidelines from 3 to 22, child protection from 12 to 22, parenting education from 9 to 24 and psychosocial support from 8 to 17. These is attributed to ECD project capacity building interventions. Almost all centres had Standards operation guidelines in place apart from Bulwenge ECD centre that had none, Dakha didn't have Early Learning Development Standards. The table below gives detailed a comparison of the baseline survey findings against the evaluation findings.

Table 13: Comparison of the Baseline Survey and Endline Evaluation Findings

Category	**Specific Information**	
	Baseline Survey	**Endline Evaluation**
Location (Sub-county)	Buhehe (5), Dabani (5), Majanji (3), Lumino (2)	Buhehe (4), Dabani (4), Majanji (2), Lumino (2) Masinya (1)
Ownership	Community-owned (11), CBO/NGO (4)	Government (3), CBO/NGO (3), Community (6), FBO (1)
Total enrolment (average)	76.5 / Min 30, Max 150	145.8/ 1,895 (Girls 800, Boys 644) / Min 30, Max 242
# of ECD caregivers government required (average)	3.2 / (29 caregivers in 9 centers)	4.2 (48 caregivers in 13 centres)
# of ECD caregivers available (average)	1.9 / (28 caregivers in 15 centers)	3/ (39 caregivers in 13 centres)
Education level of ECD caregivers	Professional Certificate (11), Non-professional Certificate (10), None (7)	Degree (1), Professional Certificate (21), Non-professional Certificate (8), None (6)
# of ECD caregivers trained on (total);	**(Out of 28)**	**(out of 39)**
NIECD policy frameworks/guidelines	3	22
Child protection	12	22

Category	Specific Information	
	Baseline Survey	**Endline Evaluation**
Parenting education	9	24
Psychosocial Support	8	17
Standards operation guidelines in place (total);	**(Out of 28)**	**Out of 13**
NIECD policy	0	10
Learning framework	14	10
Caregivers guide to learning framework	12	11
Early Learning Development Standards	0	10

3.3.3.2. Analysis of data

Baseline Survey Findings

The study result shows that 5 ECD centers (33.3%) met more than 23 standards of 45 government's ECD standards. On average the ECD centers were satisfied with 18.9 standards (ranging from 7 standards to 26 standards). While there is no domain meeting more than 50% of the standards, the arrangement of indoor environment and provision of materials were relatively weaker than other domains. The findings specific to each standard, found a huge discrepancies depending on standards. Most ECD centers had some of the records such as learning framework for appropriate age group (14 centers), visitors book (13 centers), and admission register (13 centers) in place. However, some standards were met by no or a few ECD center. For example, no ECD center had a development plan for the center and first aid kit. In addition, only a few ECD centers had adequate furniture (1 center), separate classrooms for different age groups (2 centers), appointment letter of the staff (1 center), and salary payroll (2 centers).

Evaluation Findings

On average, majority of the centres met the 18.9% standards with 35 score which a significant improvement from 26 with all domains above 50%. Apart from Dadira centre, the rest had most requirement to standard level. Dadira centre didn't have a salary pay roll, development plan, no head teachers, ratio of children to teacher high (above 1:25, limited parent involvement, no feeding program, no system (plan, working tools/materials, knowledge) to create awareness about ECD among parents and parenting education is carried out in ECD community coverage – undertaken by the caregiver/teachers, no mechanism to extend immunization, vitamin supplement, and deworming to the children in the ECD and at home – a well-structured mechanism of follow up done by the center caregivers/teachers and not recognized and receives supported by the LG/LLG including supervision visits.

Significant improvement were that all centres had management committees, Clean classroom and tidy, admission register, visitors books and proper rubbish disposal, attendance register, inventory book and minutes file. Improvement was also registered in adequate for active play – proportional to children's number, 10 by 13m, safe shades – not thorny (12/13) apart from Dadira, Caregivers/teachers with scheme of work (12/13), Caregivers/teachers with records of lessons plan (12/13, Learning framework for the appropriate age group (12/13) only Buwalira didn't have. Further analysis found space well leveled and free from obvious safety, short grasses (11/13), Fenced safely to ensure security (11/13 only Dadira and Bulwani didn't have, Children's work is displayed in the classroom (11/12) apart from Bulwani and Dadira, development plans were 8 out 13 assessed as compared to zero at baseline. The summary of the findings are displayed in the table below.

Table 14: Measurement of ECD centers against Government's ECD standards.

#	ECD Center	Total	Physical appearance	Physical structure	Indoor environment	Materials	Records	Management	Community engagement
1	Butula	35.5	4.5	5	3	5	9	5	4
2	Buwumba	40	5	5	5	3	13	4	5
3	Bulwenge	38	5	3.5	4	2	12	4	7.5
4	Buwani	24.5	2	2	1	0	12.5	3	4
5	Dakha	37.5	5	5	4	4	12	3	4.5
6	Dadira	21	2	3	1	1	11	3	0
7	Sibiyirise	42	5	4	4	4	12	4	9
8	Dakha	39	5	4	4	4	13	3	6
9	Nangwe	32	4	1	1	3	14	3	6
10	Bwalira	25.5	3	4	3	1	5.5	5	4
11	Mundaa	35	4	2	4	3	14	4	4
12	Buyengo	41	5	5	4	4	13	5	5
13	Bulwande	44.5	5	5	5	4	14	5	6.5

Domain	Average score
Physical environment/appearance	4.2/5
Physical structure	3.7/5
Indoor environment	3.3/5
Materials	2.9/5
Records	11.9/14
Management	3.9/5
Community engagement	5.0/5
Total	**35.0**

Table 15: Number of ECD meetings the Government ECD Standards

Domain	Standard	No of ECD centers
Physical environment	Space well leveled and free from obvious safety, short grasses,	11
	Fenced safely to ensure security	11
	Proper rubbish disposal	11
	Adequate for active play – proportional to children's number, 10 by 13m, safe shades – not thorny	12
	There are fixed and moveable equipment (play materials moveable) in the outdoor space; swings, sliders, balls, climbers etc	11
Physical structure	Rooms are secure with lockable doors and windows	8
	Adequate light and air condition	10
	Latrines/toilet with gender segregated with enough stances ratio 1:25	10
	Provision of resting facilities for children	8
	Kitchen - if the school prepares food	9
Arrangement of indoor environment	Indoor space is divided into well-defined activities areas	11
	Adequate furniture/mats where children sit – proper size furniture	8
	Adequate storage facilities; rack for storing pack foods/plates, play materials, extra clothes, toiletries	7
	Clean classroom and tidy	8
	Separate classrooms for the different ages	13
Provision of materials	Variety of play and learning materials	7
	Appropriate facilities and materials for children with disabilities (special needs)	9
	Children's work is displayed in the classroom	2
	There is safe drinking water, hand washing facility after toilet/ latrine and plays	11
	First aid kit	8
Available records	Center program - timetable	8
	Visitors book	12
	Caregivers/teachers with scheme of work	13
	Caregivers/teachers with records of lessons plan	12
	Learning framework for the appropriate age group	12
	Admission register / book	12
	Attendance register	12
	Inventory book	11
	Minute file/book for all meetings	13
	Children's assessment records	12
	Income and expenditure books	10
	Contracts and appointment letters for the staff	11
	Salary payroll	4
	Development plan for the center	8
	Management committee in place with clear defined position and roles	13

Domain	Standard	No of ECD centers
Governance, management and administration	Management committee Meets regularly (at least quarterly), well attended with quorum and minuted	12
	Management committees regularly (at least quarterly) call parent's meetings	11
	Center should have an administrator/head teacher responsible for day to day running	9
	Child to Adult ratio - 1:25	6
Parental and community engagement	Parents are involved in the center activities – well documented	8
	Feeding program for the ECD children is well supported and programmed – community initiative, government or other own sourcing; balance diet – food roaster, where meals not provided – parents pack food exist.	5
	Children take mid-morning snack	10
	Children eat lunch	2
	ECD center has got system (plan, working tools/materials, knowledge) to create awareness about ECD among parents	7
	Parenting education is carried out in ECD community coverage – undertaken by the caregiver/teachers	11
	There is mechanism to extend immunization, vitamin supplement, and deworming to the children in the ECD and at home – a well-structured mechanism of follow up done by the center caregivers/teachers	12
	The center is recognized and receives supported by the LG/LLG	2
	Support visit from District-ECD TWG	6

ECD Infrastructural Development



Figure 1: Pit latrine at Dakha ECD Centre, Buhasaba Parish, Buhehe Sub-county



Figure 2: Play Equipment at Dakha ECD Centre in Buhehe Sub County



Figure 3: Play Equioment for Children at Dakha ECD Centre, Buhehe Sub -county



Figure 4: Dakha ECD Center in Buhehe Sub county fenced off with chain-link

3.2 Assess the level of stakeholders' participation in the project activities

The ECD Project had various stakeholders who included; children, Caregivers, VHTs/CPCs, ECD Teachers and duty bearers including institutions like schools etc. They played different roles in planning, implementation, monitoring and evaluation of the project. The roles and level of participation is detailed in the table below.

Table 16: Roles and Level of Participation of Stakeholders

	Stakeholder	**Roles and level of participation**
1	Children	1,189 children were enrolled in 15 ECD Centres. Participated in learn both class and playing.
2	Parents/Caregivers	Enrolled children and ensured they attended schools.
3	VHTs and CPCs	Mobilised communities for immunization, sensitized on importance of education, nutrition and good parenting practices
4	ECD Teachers	Ensured that the children were taught classroom as per the national ECD standards of Ministries of Education and Gender, Labour and Social Development,
5	District & Sub-county ECD Structures and staff	• Hold quarterly review meetings and provide recommendations for periodical plans, budget and reports. • Ensure integration of ECD activities in the district development plans and budgets.

	Stakeholder	Roles and level of participation
		• Conduct annual Joint Multi sectoral, assessments, planning and monitoring of IECD Activities and initiatives • Lead and coordinate priority integrated programs in liaison with the districts or respective line ministries. • Provide technical support to districts and communities on IECD. • Conduct training, supervision and monitoring of IECD at district level.
6	Development partners like World Vision Uganda	Coordinate and share information for planning and delivery of services in complimentary manner
7	Primary Schools	Enroll graduates of ECD Centres. Most of the ECD centres are either located in the Primary schools compound or nearby thus able to link up for transition of ECD graduates into primary level.

3.3 Relevance of the project

The end line evaluation assess the extent to which the project interventions conformed to the needs and priorities of target groups; children, caregivers, Pregnant women etc.

From inception, the project was designed on the priorities of Busia District Local Government. As a result, underserved and hard to reach sub counties were targeted choosing the five sub counties of Majanji, Lumino, Buhehe, Masinya and Dabani. CF/BUACOFE had community structures that supported the project interventions. Other sub counties had other CSOs implementing similar interventions like World Vision and Compassion. These were also working in the same area and according to sponsorship MOU Child Fund couldn't implement where they operated. So to avoid duplication, Child Fund settled for the five sub counties.

Most of the ECD centres had dilapidated infrastructure that were not fit for children learning. Therefore didn't meet the Ministry of Education IECD Standards so were renovated and given learning and play age materials. The community had low value attachment to ECD education as it was perceived as expensive and not affordable. However, they now understand the values of ECD in the life of a child. There is clear transition from ECD to primary level. This never existed. ECDs are now connected to the primary schools.

Table 17: Project intervention conform to the needs and priorities of target groups

	Stakeholder	Project intervention conform to the needs and priorities of target groups
1	Children	The project targeted children 3-8 years for ECD learning. The household targeted were of low income earners who contributed as low as UGX15,000= per term and maize for porridge. ECD centre were equipped with locally reading and

	Stakeholder	Project intervention conform to the needs and priorities of target groups
		play materials that were environmentally friend i.e. Balls were made from waste paper.
2	Parents/Caregivers	Most parents had little awareness of the role of ECD education to their children. The project raised community awareness and access to ECD centres. It also built capacity of caregivers and management to develop play materials locally done by parents.
3	VHTs	Project linked the ECD Project with MNCH project to provide comprehensive service delivery to households targeted by both projects. However, they had limited knowledge in child protection and psychosocial support. They project trained VHTs in these aspect that boosted community mobilisation of parents to enroll children to ECD centres.
4	ECD Teachers	Most ECD teachers were not professionally qualified to teach ECD. They also did not have knowledge in child protection,
5	District & Sub-county ECD Structures and staff	Despite the National IECD Policy being in place there were not IECD structure operational in the district. Therefore, ECD interventions and service delivery did not have adequate monitoring and support supervision. Inauguration of the structures especially at the district has establish sector wide coordinated approach.
6	Development partners i.e World Vision Uganda	Coordinated approach to implementation resulted in not duplication of services but use of resources.
7	Primary Schools	There was limited linkage of ECD centres to primary school level, thus no smooth transition of children from the two levels. Most ECD centres either have been linked to or are located at primary schools.

The project had some innovation of the ECD project that increased it impact. These included equipping the ECD centres with both indoor and outdoor play materials were for both play and learning, Integration of ECD and child protection, health, etc. and use of VHTs to build capacity of caregivers on issues of early childhood development. The VHTs also acquired more knowledge on child protection. There was improved parenting skills and children through VHTs engaged the parents on things that would support their children wellbeing. They appreciate that children are also important. Bringing the distrust structures helped in rationalizing resources to avoid duplication. Use of policies was critical in defining the issue, strategizing and sanctioning on the implementation of the project. Primary schools appreciate ECD graduates as better performers for they join when prepared with better literacy and numerally skills than children who have not had early childhood learning opportunities.

3.4 Evaluation of the efficiency of the project delivery mechanism,

The end line evaluation assessed the extent to which the costs of project interventions justified by its results, taking variety of alternatives into account.

The project interventions were delivered in a way that was not duplicating interventions. The project coordinated and harmonized interventions with the district from inception. The project used existing community structures at the community level that included VHTs, CPC, ECD Center management committees, caregivers and Local Government for IECD committees. The ECD centres are owned and managed by the communities thus reduced on costs. Most of ECD centres were renovated and equipped with only two ECD Centres; Bulwande, Majanji Sub-county and Bunyide in Buhehe Sub-county which were constructed. Mundaa and Dakha ECD centres were renovated and fenced.

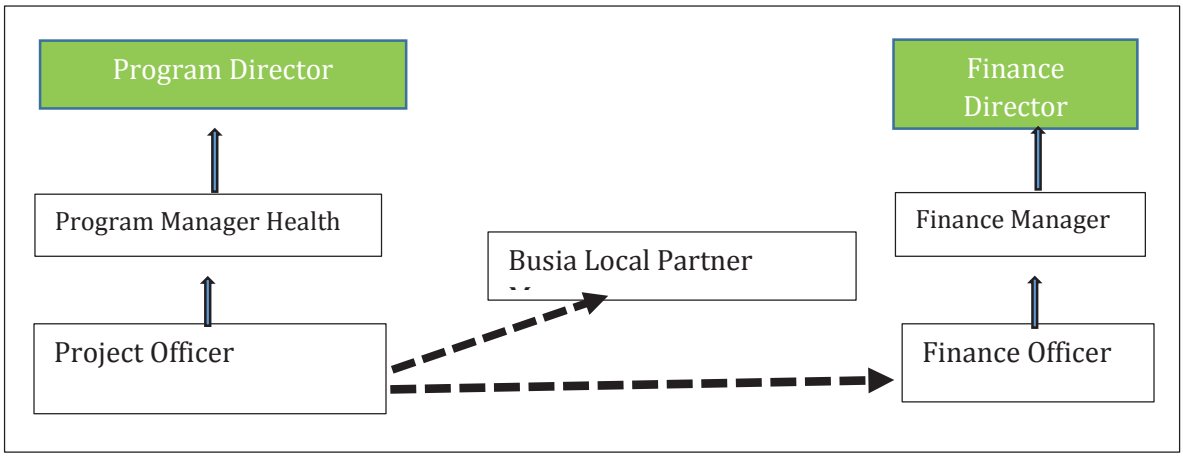
The construction, renovation and equipping of the ECD Centres involved the procurement committee that reviewed all the quotations based on standard procedures with help with the Busia district. Emphasis on play and teaching materials was put on training, caregivers to use local materials that is more sustainable and cheap. Some materials were got from Mango tree for the materials they could not readily secure locally.

All interventions implementation followed the work plans for respective projects ensured they fit in budget schedules until COVID19 affected implementation. Human Resource has been available throughout the project lifetime. The currently implementation of ECD project activities stand at 99% of the planned interventions.

The project increased not only awareness on ECD education but is evidenced by increased enrollment that doubled over the three years. Parent's involvement was superb as they also contribute fees, food. Child abuse cases have grown low. Children can play while learning. Improved working relationship between the schools and ECD centers because they have appreciated the importance of ECD. The capacity of these structures has been built to be able to manage these centers through formation of integrated ECD committees at district and sub-county levels. There is also very good working relation with the district Education department. Training of Trainers was delivered at community level helped reduce on the costs.

Project Design Management Structure

The project was designed to be coordinated by one project Officer employed by ChildFund Uganda but co-located within the BUACOFE (local partner) office in Busia. Technical support was to be provided by the ChildFund regional Managers and the ECD focal person at the National Office. Administrative support was to be through the local partner office. The management structure was drawn as below:



The project delivery structure was lean at top and heavy at bottom that focused on the community and household levels. This increased ownership and impact with capacity building of the community and ECD structures. However, there was limited link at BUACOFE Level of technical staff for daily follow and support. While there is an indication that Project Officer had CDOs at sub county level to follow up the interventions, their presence was not felt. The project implementation structure was reconstructed by the evaluators diagrammatically as below;

Evaluators Reconstructed Project implementation structure

ECD project	MCHN project
Head office	Head office
Director Programmes	Director Programmes
Project specialist (Education)	Project specialist (Health)
Project Officer	Project Officer
ECD Management Committees	MCHN Management Committees
Head Caregiver	Health In charge
Caregivers	Health Assistants
Community	VHTs

Project implementing faced challenges

Some interventions like construction and equipping centres were under budgeted. ECD staffing changes when project officer left affected implementation follow and timeliness. However, Child Fund wrote a concept that Non Sponsorship Fund (NSF) funded to cover the gaps created due to under budgeting.

Table 18: Analysis of Project Implementation Effectiveness (timeliness, output and cost)

Activity		Year and quarter												Timelines	Output	Budget Vs Actual Expenditure		
		Year 1				Year 2				Year 3						Re-aligned Budget	Expenditure	%
		1	2	3	4	1	2	3	4	1	2	3	4					
Outcome 1: IECD governance structures at district, Sub county and parish levels are functioning	1.1.1 Constitute the formal ECD structures at District, Sub county, parish and village levels													✓	1 district 5 Sub-county 20 Parish	8,792,402	9,999,750	114%
	1.1.2 Orient the ECD Centre management committees on the concept of ECD and their roles under the IECD policy framework													✓	25 sub county committees oriented	26,522,600	28,130,529	106%
	1.2.1 Support coordination of the formal ECD structures													✓	7 meetings were held (Jan-Mar 2020 qtr report)	38,554,020	35,611,753	92%
	1.2.2 Support quarterly supervision and mentorship of ECD centers													✓	15 quarterly supervision visits	20,719,058	21,753,953	105%
	Total															**94,588,080**	**95,495,985**	101%
Outcome 2: Parents' awareness on ECD and Child protection is increased in Busia community by July 2020	**2.0 Assess caretaker perceptions of the concept of ECD and its benefits**																	
	2.1.1 Design and print simplified information, education and communication package on the concepts, benefits and standards of ECD services													✓	3,000 brochures developed 4,800 (Jan-Apr 2020 report)	18,800,000	20,079,800	107%
	2.2.1 Training village health volunteers and members of the child protection committees on ECD and Child protection													✓	160 VHTs/CPCs trained, 1,500 parents, sensitized on ECD and CP	56,237,400	57,176,331	102%
	2.2.2 Print and disseminate information, education and communication materials on Child protection													✓	20 schools	11,377,500	11,377,500	100%
	2.3.1 Facilitate quarterly ECD and child protection coordination meetings at Sub county level													✓	29 ECD & CPC meetings (2020) (89%)	43,379,277	42,205,842	97%
	Total															**129,794,177**	**130,839,473**	101%
Outcome 3: The quality of 15 ECD services are improved in Busia community by July 2020	**3.0 Assess the level of adherence of the current ECD centres to the ECD standards**																	
	3.1.1 Train caregivers on quality center based ECD services													✓	41 mentored (91%)	10,607,000	10,607,000	100%
	3.2.1 Provision of both outdoor and indoor play and learning materials at the ECD centers													✓	7 Centers with indoor & outdoor (117%)	143,414,384	142,846,960	100%
	3.2.2 & 3.2.3 Renovation and Fencing ECD Centers													✓	2 ECD centers fenced and 4 ECD centres renovated (67%)	116,719,362	116,347,855	100%

Activity		Year and quarter												Timelines	Output	Budget Vs Actual Expenditure		
		Year 1				Year 2				Year 3						Re-aligned Budget	Expenditure	%
		1	2	3	4	1	2	3	4	1	2	3	4					
	3.3.3 Train teachers in lower primary in transition management from ECD centers													✓	64 teachers (target was 40)	15,920,200	15,920,200	100%
	Total															**286,660,946**	**285,722,015**	100%
Project monitoring and evaluation activities	Inception Meeting : **Start-up and close out meetings - (M & E)**															3,965,389	1,421,519	36%
	2.0 Assess parents' perceptions on the concept of ECD and its benefits - **(Baseline & Evaluation - M & E)**													✓	Baseline Report	31,873,276	31,873,246	100%
	3.0 Assess the level of adherence of the current ECD centers to the national ECD standards - **(Baseline & Evaluation - M & E)**													✓	• Baseline survey report • End line Evaluation Report	46,113,000	46,113,000	100%
	Performance Review meetings																	
	Mid-term reflection Meetings													✓		5,000,000	5,000,000	100%
	Total Monitoring & Evaluation															**86,951,665**	**84,407,765**	97%
	TOTAL PROPOSED BUDGET															**597,994,868**	**596,465,238**	100%

Note: Initial budget at project start was UGX: 564,369,605= as compared to UGX: 596,465,238= spent thus a variance of over expenditure of UGX: 32,095,633/=. The consultant could not ascertain the source of extra funds but assumes the source as Non Sponsorship Fund (NSF).

3.5 Evaluation of the effectiveness of the project sustainability plan.

The project sustainability strategy hinged on four pillars; addressing root causes, working with the local government structures, empowerment of existing community structures and alignment to ChildFund long-term strategy.

i. **Addressing root causes**
   The strategy was address majority of the barriers are related to the attitudes and behaviours of parents towards ECD services. The anticipated change in attitude and behaviour of parents is likely to be lifelong. The project largely focused on community sensitization, capacity building of Caregivers, VHTs and Management Committees, equipping and putting infrastructure for delivery of ECD services and linkage with primary schools. The fencing for children safety, equipping centers with play materials, awareness on child protection, developed a lot of IEC materials and use sponsorship fund to continue sustaining the projects. These resulted into increased access and enrollment of children for ECD centres and community participation and ownership are pillars for sustainability of interventions. CF/BUACOFE subsidizing the fees on the UShs.15,000= payable by parents and topping up salaries of caregivers is a good gesture. However, most parents do not pay the minimum fees to enable the ECD centres meet operational costs, which could be a challenge to long-term sustainability in case CF/BUACOFE withdraws.

ii. **Working with the local government structures**
   The second aspect of the project sustainability strategy was establishing and functionalizing these structures. It was envisaged that once functional, one of the roles of these structures will be to lobby and advocate for the inclusion of ECD services within the local government annual plans and budgets. While the IECD structures were established at district, Sub-county and parish levels and members trained, only the district IECD Committee functional although not delivering all its roles as defined by the NIECD Policy. ECD has not been integrated into the DDP nor monitoring plan been put in place to guide implementation.

iii. **Empowerment of existing community structures**
   This strategy was working with village health volunteers and child protection committee members further enhances sustainability. These was largely based on fact that the structures are available for support by the government, other implementing agencies long after project closure. The project has greatly build the capacity of the community structures and they feasibly on the ground. The VHTs have been integrated into the government health systems as Health Centre 1 and will soon be provided with monthly allowance. The VHTs complementarity with being accessible and wealth of health experience are equipped to continue supporting the ECD interventions at community level.

iv. **Alignment to Child Fund long term strategy**
   This project planned to continue to advocate for ECD, and some intervention incorporated into the ChildFund program interventions. ChildFund affirmed to continue to follow-up on the commitments for sustainability made by the different partners during and after project closure. Feasible sustainability through this strategy is Child Fund capacity to advocate and mobilise resources from its worldwide network. However, there is limited evidence that

different partners have made any commitment to sustain the project interventions be it local governments or development partners in the district. The main gap in the strategy was lack of a robust exit strategy.

4.0 Learnings and Actionable Recommendations

Summary of Outcome Indicator performance

Outcome	ECD Indicator	Baseline	Endline Evaluation
1. IECD governance structures at district, Sub-county and parish levels are functioning	% of functional ECD structures at district and community level	0%	10%
2. Parents' awareness on ECD and Child protection is increased in Busia community by July 2020.	# of children enrolled at the ECD centers	1,021	2,195
	% of community members (children and/or caregivers) knowledgeable of what do on child protection concern: how to prevent and where to report a case of VAC.	28.7%	85.8%
	% of caregivers knowledgeable on mandated child abuse reporting mechanism.	28.7%	84.6%
	% caregivers/parents who demonstrate understanding /awareness of early childhood development milestones and provide appropriate support.	33.2%	38.2%
	% of caregivers who apply appropriate child development practices.	33.2%	35%
3. The quality of center based ECD services is improved at the 15 ECD centers by July 2020.	% of ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age	26.9%	35%
	% of primary schools with transition activities for children from ECD centers	29%	50%[3]
	% of ECD centers meeting minimum standard according to Uganda's IECD Policy	33%	50%

Lesson Learnt 1: Operationalization of national policy, require working with National Ministry Responsible to enforce implementation. CF/BUACOFE should handover structures to district.

Recommendation: To enhance functionality ECD structures at district and community level, CF should lobby Ministries of Local Government and Education to integrate ECD among the cross cutting issues for annual assessment like women and disability by Office of Prime Minister.

Lesson Leant 2: The strategy of creating awareness among the communities on importance of ECD education and child protection is key in increasing ECD centre enrolment.

[3] All schools had been closed for 6 months due to COVID19 Lockdown. Assessment was not comprehensive enough.

Recommendation 2: Improve on documentation of the ECD Model that integrate community sensitization on ECD education and child protection awareness for scaling up.

Lesson Learnt 3: ECD education goes hand in hand with knowledge on child protection, prevention and reporting VAC cases.

Recommendation 3: Similar project or scaling up should focus on improving knowledge and reporting child abuse and neglect in their communities.

Lesson Learnt 4: Increasing access and consumption of services is depended on the quality by ECD centres.

Recommendation 4: Increased enrollment requires that staffing, facilities and infrastructure has to be increased and expanded to accommodate the big demand as a result of high demand.

Lesson Learnt 5: Primary schools confirmed that **c**hildren from ECD centers/Nursery schools enter primary with basic skills in literacy and numeracy, follow directions, work well with others and actively engage in learning.

Recommendation 5: There should be deliberate effort for all ECD centres to have formal MOU with primary schools to have smooth transition.

Lessons Learnt 6: ECD staff require continuous capacity building and improvement in motivation to provide quality services.

Recommendation 6: Lobby and facilitate local government to increase support, supervision and monitoring of ECD centres.

Lesson Learnt 7: while emphasis on ownership and suitability of intervention is key, technical staffing should be put in consideration for effective implementations.

Recommendation 7: Enough middle level technical staff to effectively implement, monitor and support supervise implementations should be considered in balance with emphasizing community involvement

5.0 Conclusions

The ECD project was implemented as planned for the 3 years period achieving most outcomes. Using the multi-dimensional approach the number of children enrolled doubled due utilization and capacity building of community structures with importance of ECD education and child protection coupled with increased access to quality services. Creation of ownership and participation of key stakeholders promoted and enhanced project interventions support and sustainability. Although ECD centers sharing resources and facilities with primary schools had challenges, this can be harmonized through the office of DEO for harmonized core existence.

Areas for improvement include being innovative in operationalizing the IECD structures for effective functionality beyond relying on districts and national policy. Efforts should be made to involve the Ministries responsible for enforcement.

Project implementations structure and sustainability strategies should be improved upon to have greater impact of interventions. The middle level technical staff should be based in the district preferably under BUACOFE management for on spot support supervision of the community structures. An exit strategy should be inbuilt in the sustainability plan to ensure systematic handover of key interventions to stakeholders in advance of the project closure.

6.0 Annexes

6.1 Most Significant Change Stories

1. BY HASIFAH- ECD Caregiver, Bulwande ECD Centre, Majanji Sub-County
My name is Hasifa Salima. I currently work as the Deputy Head caregiver at Bulwande ECD, Majanji Sub-County. I have been working at this centre for the last five year. I am equally proud to see a transition from the old establishment to the current admirable centre. This happened when Child Fund and BUACOFE came in to improve the old ECD we used to have.

Previously children studied under a tree. Whereas this was open, it however, was characterised with a lot of challenges especially maintaining pupil's attention while studying, distractions during teaching and learning, whenever it rained, there would be studying.

Sanitation and hygiene was appalling. Children were defecating everywhere since there were no latrine, occasionally the bold would move to the primary school in the neighbourhood. There was no safe drinking water for the pupils. Parents complained about hygiene and safety of their children since the place wasn't fenced.

Many times, whenever children were sent back home to collect school fees, they would come back the following day and often had their parents change them for either dropping out or they would change the centre all together.

There were irregular class attendance. For instance during by end of day, the population would drop because children could escape or go away to defecate or taking water from home.

When Child Fund and BUACOFE came in, there is now a good learning environment. They constructed a new permanent building one of the best in Busia district. Equipped the ECD centre with good indoor and outdoor play materials. This has attracted many children. Currently we have over 200 children and the trend is increasing every term. There are three different classes for baby, middle and top with sufficient learning aids and play materials. Hygiene, sanitation and safety are largely assured for children and their caregivers. The child can afford a snack and porridge during break time. Today with Child Fund provides top up on the caregiver's emolument. The teachers are now motivated and this explains the increasing trends of people enrolment. So the management of ECD is more participatory with parents on board. They also participate in making play materials for their children using local materials. This one innovative way of cutting on the cost of running the ECD centre.

2. Ms. Chabidira Risper from Sibiyirise ECD Centre, Lumino Sub County is beneficiary of the ECD project

As told by Ms. Chabidira Risper (0785 568 507) from Sibiyirise ECD Centre, Lumino Sub County is beneficiary of the ECD project.

I first became involved with the ECD project back in December 2017, when I registered my 3 year old daughter as a learner at Sibirise ECD Centre. I became a parent at the ECD Centre, after a one Fred from CF came to my home with a care giver at the ECD center and they encouraged me to register my kid at the early ECD center.

Before this ECD centre was established, we either had to enrol our kids to private ECD centres, which were very expensive to us or wait until they were of age to join P.1. Sibirise ECD centre is affordable to most of the community members, while at the same time we find our children are learning and we realize this through their behaviour change at home.

I am told Child Fund did provide resources for the construction of the ECD Centre. I have also seen people from Child Fund visiting both my home and community to sensitize us about the importance of enrolling our kids into ECD centres, including telling us about proper feeding, hygiene and rights of children at home.

These is significant to me because the ECD centre was established right within the community, and that means our children do not have to walk long distances to access quality ECD learning. As parents, we can walk our children to school in the morning and also pick them form school at mid -day because the distance is shorter compared to before the ECD center was established. With the exception of very few cases, majority of 3-5 year kids within the community are enrolled at the ECD center. Because of the sensitization that was given to parents by CF/BUACOFE, even those kids not enrolled at Sibiyirise are enrolled in private ECD centres like Baptist Union.

6.2 Implementation Timelines

Stage	Activities	Days	Timelines in Weeks					Responsible
			12th – 18th Aug	19th – 24th Aug	25nd – 30th Aug	31st -4th Sept	5th - 12th Sept	
Planning and inception	Assignment kick off meetings with the client	7 days						Team Leader
	Identification and mapping of key stakeholders for the evaluation							
	Compilation and review of key documentation							
	Development and Refinement of study methods							
	Design and discussion of study tools							
	Preparation of the inception report							
	Submission of discussion and incorporation of comments- inception report.							
	Upload of tools onto digital tablets							
	Recruitment and training of Researchers							
Field Data Collection	Dispatch of Field teams	5 Days						All Consultants
	Conducting consultative meetings							
	Conducting KIIs							
	Conducting focus group discussions							
	Conducting survey with target groups							
Data Analysis	Data Analysis and Synthesis of Information	6 days						Associate Consultants

Stage	Activities	Days	Timelines in Weeks					Responsible
			12th – 18th Aug	19th – 24th Aug	25nd – 30th Aug	31st -4th Sept	5th - 12th Sept	
Reporting	writing of the draft evaluation Report;	6 days						Team Leader
	Submission of the draft evaluation for review, feedback and validation meeting							
	Incorporation of feedback							
	Submission of Final Report							
Share findings	**Presentation of findings to stakeholders**	1 day						Team Leader
	TOTAL	**25**						

6.3: Survey questionnaire for ECD Projects

Note to data collector: Confirm the category of the respondent first. The key determinant is the age of the child. if aged 3 – 5 years then interview section 3 (ECD)

SECTION 3. ECD & Child Protection

<INSTRUCTION> IF the respondent is same with above sections, then skip to Q62.

F	Interviewee basic information		
1.	Are you the head of household?	1: YES	2: NO
2.	How old are you?	Age: …….	
3.	How long have you been living continuously in present residence?	1 = less than 1 year 3 = 4-6 years 5 = More than 10 years	2 = 1-3 years 4 = 7-10 years
4.	What was the highest level of school you attended?	1 = No education 3 = Secondary school	2 = Primary school 4 = Higher education
5.	What is your occupation?	1 = Housewife 3 = Teacher, civil servant, manager 5 = Doctor, nurse, health worker	2 = Farmer, fishermen, stockbreeder 4 = Service, sales 6 = Other_____
6.	What is your religion?	1 = None 3 = Christian: Church of Uganda (Anglican) 5 = Muslim 7 = Other	2 = Christian: Roman Catholic 4 = Christian: Others 6 = Traditional beliefs
7.	What is your current marital status?	1 = Married or living together 2 = Divorced or separated	3 = Widowed 4 = Never-married and never lived together

8.	Does your family own a house?	1: YES 2: NO
9.	Does your family own any agricultural or non-agricultural land?	1: YES 2: NO
10.	Does your family own any livestock, herds, other farm animals, or poultry?	1: YES 2: NO

G	**ECD and Benefits**	
11.	Do you know any ECD centers / Nursery schools that exist in your community?	1= YES 2= NO
12.	Did any of your children age 3-5 attend or attended an organized early learning center, Nursery school, kindergarten or community ECD Centre?	1= YES 2= NO
13.	What do you think are the benefits of sending your young children to an organized early learning center? **MULTIPLE CHOICES POSSIBLE**	1= School Readiness: Child becomes ready, joins and does well in school 2= Language development: Child learns to communicate well and develops other skills important for their age group. 3= Health: Child grows well, gets sick less, is well nourished, physically fit 4= Socialization: Child learns to play, interact, cooperate, with generally socialize with other children 5= Safety: Child is looked after, protected from harm, and in a secure environment 6= I DON'T KNOW
H	**Practices on development of child**	
I would like to know your practices on the development of the child. There is no right or wrong answer to any of these questions. You can listen to the following questions, and answer in 3 options - not at all, sometimes, always.		
14.	Do you provide safe opportunities for your child to reach for toys or other play materials, and explore his/her surroundings?	1= not at all 2=sometimes 3 = always
15.	Do you laugh and smile with your child?	1= not at all 2=sometimes 3 = always
16.	Do you read or talk to your child?	1= not at all 2=sometimes 3 = always
17.	Do you give your child lots of hugs and praise for good behavior?	1= not at all 2=sometimes 3 = always
18.	Do you spend the time to play with your child?	1= not at all 2=sometimes 3 = always
19.	Do you encourage older babies to feed themselves, no matter how messy it can be?	1= not at all 2=sometimes 3 = always

20.	Do you take time to answer your child's "why" questions?		1= not at all 2=sometimes 3 = always
21.	Do you provide play materials that your child can play with? (e.g. puzzles, blocks, papers, and toys) Instruction: take a picture of the play materials the children		1= not at all 2=sometimes 3 = always
I	**Child protection and VAC reporting**		
22.	Do you know any right of the child?	1 = Yes 2 = No	
23.	Can you name at least 3 rights of a child?	1. Managed to name 3 2. Failed to name 3	
24.	What are some of the types of child abuse? DON'T SHOW THE ANSWER **MULTIPLE CHOICES POSSIBLE** **Note: Data collectors to have categorization of abuse**	1 = physical abuse 2 = sexual abuse 3 = emotional abuse	4 = neglect 5= DON'T KNOW
25.	Do you know procedures for child abuse reporting?		1= YES 2= NO
26.	If you suspect a child is being abused within the community, would you report to someone? (Prevention of child abuse)		1= YES 2= NO
27.	If you know a child has been abused, would you report to someone? (Response to child abuse case) ***[IF NO: GO to 80]***		1= YES 2= NO
28.	Who would you report to? DON'T SHOW THE ANSWER **MULTIPLE CHOICES POSSIBLE**	1= Father, Mother, others in family 3= Teacher or Principal 5= LCs 7=NGO or CBO official 9=Religious leaders 11= I DON'T KNOW	2= Friend 4= Neighbors 6=Health care provider 8=District officer (Probation officer) 10= Cultural leaders
29.	Why wouldn't you report?	1= It is not my job 2=Not wanting to get caught up in legal proceedings 3=Reporting could only bring negative consequences for family or child	

6.4: Key Informant Interview Guide- ECD committee

Assessing the Functionality of the NIECD Implementation Structure Based on the NIECD Policy Action Plan 2016-2021

Target Committees

1. **District IECD Committee – Busia (CAO / ECD FP / DEO)**
2. **Sub County IECD Committee (Sub County Chief / CDO)**
3. **Parish IECD Committee (Parish Chief / Chair PDC)**
4. **Village Level (Head of VHTS / CP Committee /Child Rights Advocates)**

Question Guide

1) Briefly share with us ECD Interventions in your district/Sub County/Parish
2) Does IECD committee exist in this District/Sub County/Parish
3) DIECD - Is ECD activities integrated into the DDP / budgets?
4) A monitoring plan in place for the current FY? – Any actual monitoring activities to the lower level structures in the last 12 months? – (Evidence – monitoring reports)
5) Any capacity building follows up visits undertaken by the ECD TWG to the lower level structure of delivery including the technical support visit to the ECD centers in the past 12 months?
6) Any mechanisms of joint multi-sector (involving key players) in assessment and monitoring of IECD activities and initiatives? – (Evidence – joint monitoring reports)
7) Any partners apart from government implementing IECD activities in the district/sub-county/parish?
8) Any coordination meetings with the inter sectors / ECD relevant players to discuss and integrate ECD issues – at least quarterly meetings/reviews and feedback moments? How often does the committee meet? _____, (evidence of at least quarterly meeting - minutes)
9) Implementation guidelines in place? Learning framework for ECD, NIECD policy, EARLY Learning Development Standards (ELDS), Caregiver's Guide to the Learning Framework for ECD etc.
10) Any mechanism at the ministry, district, sub-county level respectively to involve lower-level structures in planning for ECD activities/initiatives?
11) How does the committee interact with other formal and informal sectoral committee? For the example the CP committees or structures (NOVCC/DOVCC/SOVCC/ Parish CPCs), TPC, DHT, Education committee, VHTs etc.
12) Any particular learning regarding the IECD?
13) Any challenges faced by this committee in executing their functions?
14) Any recommendations to address the key challenges?

6.5: KII guide for the ECD Project Implementers/managers

A. Background Information

Name

Position

Role in the project

Gender

Questions

Relevance

1. Why did Child Fund have to implement these projects in Busia in particular?
2. How does CF link with the district respective education and health departments, how do these projects relate to priorities of the district?

Efficiency and effectiveness

3. Value for money- do you think the project could have been delivered more cheaply? Why?
4. What are the key practical considerations specific to this project (ECD) employed to deliver value for money?
5. How was the construction of the maternity wings delivered?
6. How has the ECD project ensured timeliness in the delivery of outputs? Please give specific examples
7. What is the structure of the ECD project? How do the two projects relate?

Impact

4. As an implementer, which project achievements are you most proud of?
5. How did this change the lives of the target group? Be as specific as possible
6. Are there families that directly benefited from both projects? How differently were they impacted compared to the rest? Give 3 examples of such. (***evaluation team to go document 2-3 of such families***)

Sustainability

7. What elements of the intervention package were useful for scale up?
   - Name the elements
   - For each of the issues mentioned, ask why they say so
   - What aspects need modifications?
   - What are the suggestions for the modifications?
   - What do you do think should have been done differently? Why?
   - What recommendations can you give for future projects?
8. For the MNCH project how did the outreaches affect the quality of services at the H/C II?
9. As CF is pulling out, what initiatives have you put in place to sustain the H/C II community outreaches?
10. What role did CF have in increasing the staffing at Buwumba H/C II?
11. Share a concrete example linking the VHT mentorship sessions to quarterly performance reflections.

Others

12. What was the most innovative aspect of the ECD project?

13. On the MNCH project how did the community level tracking of mothers go?
14. What key lessons have you learnt in the course of implementing the ECD Interventions in the project areas?
15. What are the greatest challenges that you faced as project (implementers, Managers) when implementing the project in project area? Why do you say so?
16. How did you overcome the challenges you faced?

6.6: ECD Caregivers Competency Assessment Form

Early Childhood Caregivers' Competencies Assessment Form

The Early Childhood Teacher' Competencies Assessment is developed to examine your knowledge, attitude, and practices stated in the Competencies Standards.

Please give a rating on a scale of 1 to 5 according to how much caregiver is likely to what the statements describe below. There are no right or wrong answers.

1	2	3	4	5
Extremely unlikely	Unlikely	Maybe	Likely	Extremely likely

When you finish it, please make sure that all tick boxes are filled and then submit it to person in charge of it

DEMOGRAPHICS					
1	Age	_____	**2**	Sex	__① Male __② Female
3	Level of Education	__① No formal education __② Incomplete primary school __③ Complete primary school __④ Incomplete secondary school __⑤ Complete secondary school __⑥ University/post-secondary education			
4	What age group (class) do you take charge of? (multiple choices if necessary)	__① 3 years __② 4 years __③ 5 years			
5	How many children are in your class? (average)	__① Less than 10 __② 10~below 20 __③ 20~below 30 __④ 30~below 40 __⑤ 40~below 50 __⑥ Above 50			
6	Have you ever worked at other ECD center?	__① Yes __② No			
7	How long have you been working in this or other ECD center as a caregiver?	__① Less than 1year __② 1years~below 2years __③ 2years~below 3years __④ 3years~below 4years __⑤ Above 4years			
8	Have you participated in any training or capacity building program for caregivers?	__① Yes (go to 8-1 and 8-2) __② No (go to 9)			

8-1	If yes, what type of training program did you participate in?	__① Induction training (pre-service) __② In-service training __③ Mentoring/coaching
8-2	If yes, how long is the training?	_____ (days/months)
9	When you have difficulties in managing the class, to whom are you asking mostly?	__① Supervisor/head teachers/Coordinating Center Tutor (CCTs) __② Other caregivers __③ Community/family members __④ Learn by yourself (refer to reference materials)

1. Professional Attributes						
No	**Evidence statement**	**1**	**2**	**3**	**4**	**5**
Understanding and Respecting Child Rights						
1	I believe children are rights-holders as independent beings.					
2	I treat all children fairly without discrimination whatever their ethnicity, gender, religion, language, abilities, family background or any other status.					
3	I respect for the views of the children and reflect it when making decisions that affect children.					
4	I make all child-related decisions for best interests of children.					
Building Warm, Respectful and Reciprocal Relationships						
5	I always talk and listen to children in a friendly and respectful manner with patience.					
6	I always respond promptly to children when they ask or need something.					
7	I never yell at children even when they misbehave.					
8	I always use positive words and expressions when I talk to children, parents, and other teachers.					
9	I respect children's diversity of personality and characteristics.					
10	I understand community's context and value its own culture.					
11	I regularly communicate with parents to learn about the families' background, relationship with children, and challenges.					
12	I consult with all parents about a child learning progress, socio-emotional behavior, etc. in order to offer advice on parenting skills and knowledge at least once a quarter.					
13	I always involve and discuss with families in decisions about children's care and education including class management.					
14	I keep information about children and families confidential.					
15	I support when other teachers need help in preparing learning areas/corner, termly plans, daily routine, or writing child observation record and assessment report, etc.					
2. Professional Knowledge, Understanding, and Practice						
Knowing and Understanding of Child Development and Learning						

16	I know 5 domains of child development. Please name the 5 domains of child development. Tick if caregivers mention following domains. DON'T SHOW THE ANSWER 1= Physical development (e.g. changing body size, muscles, motor skills) 2= Social Development (e.g. talking to other children, language skills) 3= Emotional Development (e.g. showing some sense of humor, laughing and smiling) 4= Mental Development (e.g. development of concept, accurate in judgment) 5= Moral/Spiritual Development (e.g. developing moral values-respect, honesty, trust)	0	1	2	3-4	5
17	I can describe what elements influence and contribute to a child's development and learning at home and center/school.					
Knowing about and Understanding Content Knowledge						
18	I can describe what is important in each learning area and why it is important to children.					
19	I can describe the central concepts and structure of the 5 learning areas (learning outcomes, competencies, and developmental activities) for each age category.					
20	I can prepare learning areas/corner, and develop termly plans, daily routine, and write child observation record and assessment report based on the ECD learning framework and caregivers guide to the learning framework.					
No	**Evidence statement**	**1**	**2**	**3**	**4**	**5**
Developmentally Appropriate Teaching						
21	I pose questions and encourage children to ask questions freely.					
22	I encourage children to express their feelings, thoughts, and opinions.					
23	I always make constant eye contact with individual children.					
24	I prepare and plan various and developmentally appropriate play materials and games in order for children to learn through play.					
25	I encourage children to try and learn by themselves in order to give them a sense of accomplishment.					
26	I use language and activities that avoid gender and other stereotypes.					
27	I promote peer interactions and group activities to encourage children' social development, mutual support, and a sense of community.					
28	I provide sufficient choices for children to explore, play and learn.					

29	I guide children to resolve the conflict themselves in peer relationships.					
Promoting Health, Nutrition, and Safety						
30	I always keep eyes on children and ensure all children in under my supervision.					
31	I can explain what to identify and investigate, whom to report if child abuse cases occur within children's home or preschool.					
32	I guide children' healthy eating habit to ensure a balanced diet.					
33	I promote that children wash their hands before eating, after using the toilet, after outdoor activities.					
34	I help children use the toilet properly.					
35	I frequently wash my hands – before eating, after using the toilet, after outdoor activities, when preparing food and snacks – to ensure children' health.					
36	I monitor and check carefully if children have signs of abuse and neglect.					
37	I ensure all learning and play materials are clean and organized every day.					
38	I clean and ventilate the classroom every morning.					

Please describe the areas or aspects that you think need to be improved for the quality of ECD program.

■ Personally	■ Institutionally

Thank you for your participation.

6.7: Checklist for Primary Schools

Checklist for primary schools with elements of transition for children from ECD centers

■ Assessment Date (month/day/year): _____

■ Primary School Name: _____

■ Location

Sub County / Division; _____

Parish; _____

Village / ward; _____

■ Ownership: □Government, □Private, □Community owned, □FBO owned, □CBO/NGO

■ Population coverage; _____

■ Number of Children currently for primary education

Girls; _____ Boys; _____

■ Total enrollment; _____■ Number children present on assessment date; _____

■ Government required number of teachers; Total_____ / M_____ / F_____

■ Available number teachers; Total_____ / M_____/ F_____

Number of teachers at	- Degree level: Total_____ / M_____/ F_____
	- Diploma level: Total_____ / M_____/ F_____
	- Professional Certificate Level: Total_____ / M_____/ F_____
	- None professional certificate: Total_____ / M_____/ F_____
	- None: Total_____ / M_____/ F_____
Number of teachers trained on;	- NIECD policy frameworks/guidelines: Total_____ / M_____/ F_____
	- Transition activities: Total_____ / M_____/ F_____
	- Child protection: Total_____ / M_____/ F_____

Standards	Check (tick if yes)	Remarks
A. Physical Environment		
School is fenced and safe for outdoor play and learning (any type of fence – live fence should be well trimmed)		
The school has clean environments, clear directions and structured time for activities.		
School has adult supervision for all classes and compound at all times		
There is appropriate furniture in class, arranged to allow group and individual play and learning, and easy access to thematically arranged learning materials.		
B. Teacher Effectiveness		
Teacher can ably interpret the curriculum and use engaging methods to deliver the content (Presence of schemes of work and lesson plans all developed in the area local language and to standard and rewarding system		
Teacher plans, develops, and implements specific activities that intend to support the transition of children entering primary school.		
Teachers of the lower primary in this school have an understanding of the developmental stages of children and their implication to learning. (have background in ECD training, has positive regard, is warm and respectful to		
The school arranges interactive meetings between teachers of lower primary and those of nearby ECD center/Nursery school.		
Continuous assessment methods are used to assess the progress of children's learning (Evidence of record of continuous assessment)		
C. Ready Families/parents		
Parents visit the school to discuss the performance and progress of their children with their (children's) teachers. (evidence of reports, visitors book duly signed by parents)		
Majority of parents of this school are committed to providing the school requirements for their children's learning (scholastic materials and other supporting requirements)		
School has created opportunities to communicate with parents and responds to parents' suggestions and concerns. (PTA meetings, school open days, provide basic understanding of the thematic curriculum – what is taught, roles of parents, benefits of teaching what is taught)		
D. Ready Children		
Children from ECD centers/Nursery schools enter primary with basic literacy and numeracy skills		
Children from ECD/Nursery schools enter primary able to follow directions, work well with others and actively engage in learning activities.		
Children directly from home enter primary with basic literacy and numeracy skills		
Children directly from home enter primary able to follow directions, work well with others and actively engage in learning activities.		

6.8: Checklist for ECD centers

Checklist for Center-Based Early Childhood Development Program

Based on Uganda National ECD Health and Safety Performance Standards

■ Assessment Date (month/day/year): _____
■ ECD Center Name: _____
■ Location
Sub County / Division; _____
Parish; _____
Village / ward; _____
■ Ownership: □Government, □Private, □Community owned, □FBO owned, □CBO/NGO
■ License Status (provided by DEO - renewed 2 yearly): □Licensed / registered, □Not Licensed
■ Start Year; _____
■ ECD Population coverage; _____
■ Number of Children currently for the ECD center learning
Girls; 0-3 _____ / 4-5 _____ / 6-8 _____ Boys; 0-3 _____ / 4-5 _____/ 6-8 _____
■ Total enrollment; _____■ Number children present on assessment date; _____
■ Government required number of ECD teachers / Caregivers; Total_____ / M_____ / F_____

■ Available number teachers / Caregivers; Total_____ / M_____/ F_____

Number of ECD teachers / caregivers at	- Degree level: Total_____ / M_____/ F_____ - Diploma level: Total_____ / M_____/ F_____ - Professional Certificate Level: Total_____ / M_____/ F_____ - None professional certificate: Total_____ / M_____/ F_____ - None: Total_____ / M_____/ F_____
Number of teachers/ caregivers trained on;	- NIECD policy frameworks/guidelines: Total_____ / M_____/ F_____ - Child protection: Total_____ / M_____/ F_____ - Parenting education: Total_____ / M_____/ F_____ - Psychosocial Support: Total_____ / M_____/ F_____
Standards operation guidelines in place;	□ NIECD policy □ Learning framework □ Caregivers guide to learning framework □ Early Learning Development Standards

Standards	Check (tick if yes)	Remarks
A. Physical Appearance		
Space well leveled and free from obvious safety, short grasses,		
Fenced safely to ensure security		
Proper rubbish disposal		
Adequate for active play – proportional to children's number, 10 by 13m, safe shades – not thorny		
There are fixed and moveable equipment (play materials moveable) in the outdoor space; swings, sliders, balls, climbers etc		
B. Physical Structure		
Rooms are secure with lockable doors and windows		
Adequate light and air condition		
Latrines/toilet with gender segregated with enough stances ratio 1:25		
Provision of resting facilities for children		
Kitchen - if the school prepares food		
C. Arrangement of Indoor Environment		
Indoor space is divided into well-defined activities areas		
Adequate furniture/mats where children sit – proper size furniture		
Adequate storage facilities; rack for storing pack foods/plates, play materials, extra clothes, toiletries		
Clean classroom and tidy		
Separate classrooms for the different ages		
D. Provisions of Materials		
Variety of play and learning materials		
Appropriate facilities and materials for children with disabilities (special needs)		
Children's work is displayed in the classroom		

There is safe drinking water, hand washing facility after toilet/ latrine and plays		
First aid kit		
E. Available records		
Center program - timetable		
Visitors book		
Caregivers/teachers with scheme of work		
Caregivers/teachers with records of lessons plan		
Learning framework for the appropriate age group		
Admission register / book		
Attendance register		
Inventory book		
Minute file/book for all meetings		
Children's assessment records		
Income and expenditure books		
Contracts and appointment letters for the staff		
Salary payroll		
Development plan for the center		
F. Governance, Management, and Administration		
Management committee in place with clear defined position and roles		
Management committee Meets regularly (at least quarterly), well attended with quorum and minuted		
Management committees regularly (at least quarterly) call parent's meetings		
Center should have an administrator/head teacher responsible for day to day running		
Child to Adult ratio - 1:25		

G. Parental and Community Engagement		
Parents are involved in the center activities – well documented		
Feeding program for the ECD children is well supported and programmed – community initiative, government or other own sourcing; balance diet – food roaster, where meals not provided – parents pack food exist.		
a) Children take mid-morning snack		
b) Children eat lunch		
ECD center has got system (plan, working tools/materials, knowledge) to create awareness about ECD among parents		
Parenting education is carried out in ECD community coverage – undertaken by the caregiver/teachers		
There is mechanism to extend immunization, vitamin supplement, and deworming to the children in the ECD and at home – a well-structured mechanism of follow up done by the		
The center is recognized and receives supported by the LG/LLG		
a) Support visit from District-ECD TWG		

6.9: Focus Group Discussion (FGD)

Focus Group Interview Guideline for Facilitators (Women)

Instruction

Total number of participants for each focus group should be 5-6 given the COVID considerations. Only women will be interviewed

Moderator:

Hello, everyone! My name is _____. And also _____ will be here to observe and record our conversation. On behalf of ChildFund, I would like to thank you for your participation today. Your opinions will serve as a valuable source in the development of maternal and child health education messages and informative materials on healthy motherhood and child birth for women like you.

Please speak freely and honestly about each topic I present in a minute. The discussion will last less than 2 hours. And remember that there is no right or wrong answer. Please feel free to talk about your thoughts and opinions on health care services, home-visiting services (community health worker's services) and pregnancy-related topics in general.

Opening Questions

1. What do you know about the Child Fund/BUCODEF funded projects in this location? - what kind of projects and who do they target?
2. Do you know some of the BUCODEF staff members? How frequently do they interface with you?

ECD

1. Does every child in the community here attend ECD centers?
2. For those with children attending ECD, what difference have you seen in your child attending an ECD center. Please provide clear examples. Can you compare with the kids who don't atte nd?
3. As a home care giver, what have you learnt from this project about child development/ child c are that you did not know before?

Apply the Most significant change technique tool (annex 9)

6.10: Most Significant Change Tool

Background

We have been contracted by Child Fund to evaluate the ECD Project (data collector to specify which is relevant to the respondent). We would like to capture stories of significant change that may have resulted from this project to enable us to celebrate the successes together as well as account to our donors/friends who supported to fund this project

Contact details

Name of storyteller (*but taking your name is not mandatory if you don't wish*)

Name of person recording story

Location

Date of recording

Consent

We may like to use your stories for reporting to our funders, or publishing on internet/website for example

Do you, (the storyteller):

• want to have your name on the story (*tick one*) Yes ☐No ☐

• Consent to us using your story for publication (*tick one*) Yes ☐ No ☐

1. Tell me how you (the storyteller) first became involved with the Child Fund MCHN/ECD project and what your current involvement is:

---

2. From your point of view, describe a story that summarises the most significant change to you as an individual or your community or your family that has resulted from this MCHN or ECD project

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---

3. Why was this story significant for you?

---

4. How, (if at all) has the work of Child Fund/BUCODEF contributed to this?

6.11: Consultant Team - Roles and Responsibilities

The Evaluation team used wisely the limited time and resource and more importantly to avoided communities' fatigue. The consulting team will comprised of 15 persons to assess the two different projects concurrently. These included 5 supervisors (1 per Sub County) and 10 externally hired research assistants (2 per Sub-county). The external team worked hand in hand with 3 staff (M&E Specialist, ECD Project Officer) from Child Fund Uganda, and BUACOFE Programme Manager and reporting to the M&E, Knowledge and Research Specialist.

The roles of the different teams were;

#	Category of Team	Details	Roles and Responsibilities
1	Team Leader/Consultant	Thomson Odoki, Child Protection Specialist	i. Coordinate, mobilise and lead the consulting team in all activities ii. Contact person with Child Fund and BUACOFE staff iii. Arrange for logistics (financial, transport, training, COVID-19 clearance and accommodation) iv. Submission of reports (inception report, draft and final reports v. Participate in data collections i.e KIIs, check list and competency assessments
2	Supervisors/ Consultants	Katende Moses, Public Health specialist Sarah Amulo, M&E Specialist Nyakana Joseph, Child Protection Specialist	vi. Participate in documentary review and preparation of the inception report vii. Participate in preparing logistics and briefing by Child Fund on the assignment viii. Participate in training of research assistants on LQAS methodology and use of the digital tablets ix. Supervise, monitor and support research assistants during field data collection x. Conduct KIIs, check list and competency assessments to ECD caregivers health facilities and schools xi. Edit raw data entered by Research Assistants for consistency, accuracy and correctness of the responses xii. Participate in data analysis and drafting of the evaluation report xiii. Participate in presentation of the evaluation finding to stakeholders
3	Research Assistants	These will be 10 in number and to be recruited, preferably at the district level (Busia) due to the langaugae requirements.	i. Attend 1 day training on the LQAS methodology and digital Tablets ii. Conducted interviews (2 per Sub-county for 5 days) in the field under the supervision of BUACOFE staff

#	Category of Team	Details	Roles and Responsibilities
		Previous experience will be an added advantage	iii. Enter the data on the digital platform
4	Staff Child Fund Uganda	3 Staff	i. Provide documentation for review in preparation of inception report ii. Provide introductory letters and COVID-19 clearance iii. Review and approve draft reports by consultants
5	Staff from BUACOFE	1 BUACOFE Programme Manager	i. Provide records of beneficiaries for ii. Guiding the consultants and research assistants to locate beneficiaries/respondents iii. Provide information that will make the field evaluation assessment successful

6.12. Evaluation Study Data Analysis Plan

No.	Indicator	Source	Question	Supplementary	Cut-off criteria / Remarks
1	% of functional IECD committees (disaggregated by level. i.e district, sub-county, parish)	Checklist	-		1. formed according to NIECD policy 2. regular meeting (at least quarterly, minutes documented) 3. reporting to upper level 4. ECD activities integrated into the DDP / budgets 5. A monitoring plan in place for the current FY 6. Any capacity building follows up visits undertaken by the ECD TWG to the lower level structure 7. Joint multi-sector (involving key players) in assessment and monitoring of IECD activities and initiatives? – (Evidence – joint monitoring reports) 8. Partners apart from government implementing IECD activities in the district/sub-county/parish? 9. Coordination meetings with the inter sectors / ECD relevant players to discuss and integrate ECD issues (evidence of at least quarterly meeting - minutes) 10. Implementation guidelines in place? Learning framework for ECD, NIECD policy, EARLY Learning Development Standards (ELDS), Caregiver's Guide to the Learning Framework for ECD etc. 11. Mechanism at the ministry, district, sub-county level respectively to involve lower-level structures in planning for ECD activities/initiatives? 12. Committee interact with other formal and informal sectoral committee? (NOVCC/DOVCC/SOVCC/ Parish CPCs), TPC, DHT, Education committee, VHTs etc.
2	% of household sending any of the age-eligible children to pre-school	Survey	63	Q62, 64	count only when the respondent answered "yes"
3	% of caregivers knowledgeable on ECD	Survey	64	Q62	Count only when the respondent answered 3 or more choices
4	% of caregivers knowledgeable on child rights and child abuse		73, 74		count only when the respondent answered 2 or more to both questions

5	% of caregivers knowledgeable on mandated child abuse reporting mechanism		75, 78	Q76, 77, 79	Count only when the respondent answered "yes" to Q75 AND answered all mandated actors (district officer including probation officer and police men, and LC) among others.
6	% of caregivers who apply appropriate child development practices	Survey	65-72		Count only when the average score to the questions is 2.5 or higher (on average in between sometimes and always)
7	% of ECD caregivers apply knowledge and skills to lead learning programs for children 3 to 5 years of age	Assessment		Q1-15	Count only when on average the respondent rates 4 or more both in knowledge and practice
			16-20	demographic 8, 8-2	Knowledge Count only when on average the respondent rates 4 or more
			21-38		Practice Count only when on average the respondent rates 4 or more
8	% of primary schools with elements of transition for children entering primary school	Checklist			Count if the school is satisfied with 75% of standards both in the physical environment (3 or more) and in teacher effectiveness (4 or more).
9	% of ECD centers meeting Uganda's MOES Center based ECD standards	Checklist			Count only if the ECD center is satisfied 50% or more(23 or more) of 45 standards

6.13. Sampling Plan for Survey

BUHEHE Sub-county (57 samples)			DABANI Sub-county (95 samples)			LUMINO Sub-county (76 samples)			MAJANJI Sub-county (76 samples)			MASINYA Sub-county (76 samples)		
Parish	Village	# of sample	Parish	Village	# of sample	Parish	Village	# of sample	Parish	Village	# of sample	Parish	Village	# of sample
BUHASABA	Buchaki 'A'	2	BUSIA	Bugunduhira 'B'	4	JINJA	Buchwere	3	MAJANJI	Bulwande	3	BUMUNJI	Budibya	3
	Buchaki 'B'	2		Busiwondo"B	2		Budalangi	2		Maduwa 'B'	3		Bulongi	2
	Buhasaba	2		Hawadunga 'East'	2		Butula 'B'	2		Maduwa 'A'	2		Buwalira	6
	Bulamba 'A'	2		Namaubi A	4		Buwerero 'A'	3		Magombe	2		Bwaya	5
	Bulamba 'B'	2		Namaubi B	4		Doma	2		Majanji	4		Hadoda	3
	Dakha	4		Syamutumba East	3		Muluko	2		Namundiri 'A'	2	BUSIKHO	Busikho East	2
	Madibira	2	BUYENGO	Buyengo 'A'	2		Syamaledde 'A'	4		Namundiri 'B'	3		Busikho West	3
	Mukwanya	3		Buyengo 'B'	2	LUMINO	Bulangi	3	NAGABITA	Buhenye A	3		Buyimini West	3
BUHEHE	Budibya	2		Lugega	4		Bumala	3		Buhenye 'B'	2		Buyimni East	2
	Buwolia 'A'	2		Malomba	4		Lumino I	5		Butula 'A'	4		Buyiye East	3
	Buwolia 'B'	3		Mumuli	2		Lumino II	3		Bwakama A	2		Buyiye West	2
	Kateruhana East	3		Yaala	5		Lusisira	2		Bwakama 'B'	3		Siduhumi	4
	Kateruhana West	2	BUWUMBA	Bukanga 'N'	2		Nandwa 'A'	3		Musuma	3	BUTOTE	Buduma	2
	Musohe	3		Bukanga 'S'	2	HASYULE	Bugati	3		Nahabanjjo	2		Buhasoho	2
	Nangodo 'A'	2		Bukemo	3		Bukani	4	DADIRA	Bubala 'B'	3		Bujabi North	4
	Nangodo 'B'	2		Bumakwa 'A'	3		Hasyule 'A'	4		Buyore	5		Bujabi South	2
BULWENGE	Bujwanga	3		Buwawo	3		Nebolola 'A'	4		Dadira	4		Butote	4
	Buyuha	3		Buwumba	4		Nebolola 'B'	4		Mororo	4		Buyuya	5
	Gunda	3		Buyaya	2	BUDIMO	Budibya	2		Sitengo	3	MASINYA	Buhumwa	5
	Mahola	2	DABANI	Buchiwedo 'A'	4		Budimo 'A'	3	JJUNGE	Dikho	4		Bulecha	4
	Maanga	2		Busabale 'S'	3		Budimo 'B'	2		Lumidi	4		Bunyukhe	4
	Muganiro	4		Buwuma 'A'	2		Budimo 'C'	2		Rugega	3		Busamba	2
	Sibona	2		Buwuma 'B'	3		Budimo 'D'	3		Syakula	3		Gulamubiri	4
				Dabani 'A'	3		Bukobe	3		Syangu	5			
				Dabani B	2		Namusenda	4		Sitengo	3			
				Dabani West	2									
			NANGWE	Busumba 'B'	3									
				Mundaa A	2									
				Mundaa B	3									
				Nandere	2									
				Nangwe A	2									
				Nangwe B	3									
				Nangwe North	2									
				Nangwe South	2									

6.14: Key Informant Interviewees Interviewed

Number	Structure	Name	Location	Sex	Contact
1.	VHT	Apio Joyce	Bunyide village, Buhehe sub county	F	0780327419
2.	VHT	Nekesa Margaret	Nangwe B	F	
3.	VHT	Ouma Jairus	Lugega	M	
4.	VHT	Ajambo Juliet	Buyengo B	M	
5.	VHT	Oliwa George	Nangwe North	M	
6.	VHT	Nanjuko Annette	Musumba A	F	
7.	CDF	Okotch Edwin	Buyengo community	M	0787178447
8.	Parents Exec Committee member	Sunday Phanisce	Buyengo community	F	0787772809
9.	Chairperson ECD center committee	Kabembe Boniface	Buwumba ECD	M	0779176650
10.	Head caregiver	Doreen	Buwumba ECD	F	0771135056
11.	Parents representative	Were Stephen	Buwumba ECD	M	0784487349
12.	Head teacher	Erukana Ronald	Buwumba primary school	M	0781558255
13.	Ag Community Development Officer	Abanjo Reste	Dabani Sub county	F	
14.	Community Development Officer	Nekesa Jackie	Masinya & Masafu Sub counties	F	0772322841
15.	District ECD Focal Person	Patrick Barasa	Busia	M	0773815696
16.	Community Development Officer	Wasike George	Buhehe Sub county	M	0773533639
17.	LC 111 Chairman	Wanyama Charles Hasibeni	Buhehe Sub county	M	0782584673
18.	ECD Caregiver	Hasifa Salima	Bulwande ECD Centre, Majanji S/c	F	0772011842
19.	ECD Caregiver	Auma Grace	Bulwani ECD Centre, Buhehe S/c	F	0777463826

6.15: Focus Group Discussion Participants

Number	Name	Structure	Location	Sex	Contact
1	Wasike Peter	ECD Caregivers	Sibiyirise ECD Centre	M	0788486903
2	Hayoko Judith	ECD Caregivers	Sibiyirise ECD Centre	F	0772630517
3	Chabadira Risper	ECD Caregivers	Sibiyirise ECD Centre	F	0785568507
4	Monica Wafula	ECD Caregivers	Sibiyirise ECD Centre	F	0770820279
5	Jenipher A. Ouma	ECD Caregivers	Sibiyirise ECD Centre	F	0770782154
6	Mugeni Lucy Wandera	ECD Caregivers	Dakha ECD Centre	F	0776749935
7	Anyango Jane	ECD Caregivers	Dakha ECD Centre	F	0775659375
8	Ajiambo Susan	ECD Caregivers	Dakha ECD Centre	F	0759992406
9	Bwire John Emmanuel	ECD Caregivers	Dakha ECD Centre	M	0774398133
10	Nyongesa Everline	R/M	Majanji	F	
11	Adeya Godfrey	Parish Chief	Majanji Sub county	M	
12	Hasifa Alima	ECD Caregiver	Bulwande ECD Centre	F	
13	Tilla Ojones	ECD Chairman	Bulwande ECD Centre	M	

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